

**Railroad Commission of Texas**

Oil And Gas Division

Form P-8

Request for Clearance of Storage Tanks

Prior to Potential Test

Reference No. 55692

|                                                                                                                                                                                                                                         |                                                                            |                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Operator's Name and Address (Exactly as shown on Form P-5 Organization Report)<br>QEP ENERGY COMPANY<br>ATTN SOUTHERN DIV REGULATORY<br>1050 17TH ST SUITE 800<br>DENVER, CO 80265-0000<br><br>2. RRC Operator Number: <u>684474</u> |                                                                            | 3. RRC District No.<br>08                                                                                                                                                                           |
|                                                                                                                                                                                                                                         |                                                                            | 4. County of Well Site<br>ANDREWS                                                                                                                                                                   |
|                                                                                                                                                                                                                                         |                                                                            | 5. API No.<br>42-003-48226                                                                                                                                                                          |
| 6. Field Name (Wildcat or exactly as shown on RRC records)<br>SPRABERRY (TREND AREA)                                                                                                                                                    | 7. Drilling Permit No.<br>861381                                           | 8. Rule 37 Case No.<br>0325367                                                                                                                                                                      |
| 9. Lease Name<br>UL 2539 W3                                                                                                                                                                                                             | 10. Oil lease No.                                                          | 11. Well No.<br>14SC                                                                                                                                                                                |
| 12. Drilling completed on <u>01/12/2021</u>                                                                                                                                                                                             | 13. Completion report--Form W-2 or G-1--will be filed on <u>07/26/2021</u> |                                                                                                                                                                                                     |
| 14. Oil or condensate gatherer's name and address<br>ORYX MIDLAND OIL GATHERING LLC<br>4000 N BIG SPRING STREET<br>SUITE 500<br>MIDLAND, TX 79705<br>(432) 684-4272                                                                     |                                                                            | 15. Authorization to transport oil or condensate (mark one)<br><br><input checked="" type="checkbox"/> Form P-4 attached<br><input checked="" type="checkbox"/> Form P-4 Filed on <u>04/07/2021</u> |
| 16. This request is for<br><u>270000</u> barrels of <input checked="" type="checkbox"/> crude oil OR <input type="checkbox"/> condensate                                                                                                |                                                                            | 17. Amount of oil/condensate in tanks<br><br><u>0</u> barrels on <u>04/07/2021</u>                                                                                                                  |
| 18. Storage capacity in bbls. Tank battery <u>0</u> Test tanks <u>0</u> Total <u>0</u>                                                                                                                                                  |                                                                            |                                                                                                                                                                                                     |
| 19. Previous request for clearance. Amount _____ barrels granted on _____                                                                                                                                                               |                                                                            |                                                                                                                                                                                                     |
| 20. Reason for current request for clearance (explain briefly)<br>New horizontal well; initial flowback can be up to 2000 bbl/day. Location is tankless, all production will be moved via pipeline.                                     |                                                                            |                                                                                                                                                                                                     |
| April Mestas<br>_____<br>Name of operator's representative                                                                                                                                                                              | REGULATORY SUPERVISOR<br>_____<br>Title of person                          |                                                                                                                                                                                                     |
| (303)260-1167<br>_____<br>Telephone                                                                                                                                                                                                     | 04/07/2021<br>_____<br>Date                                                |                                                                                                                                                                                                     |
| <b>RRC District Office Action</b>                                                                                                                                                                                                       |                                                                            |                                                                                                                                                                                                     |
| <b>Status:</b> Approved                                                                                                                                                                                                                 | <b>Barrels recommended</b> <u>270000</u>                                   | <b>RRC Staff</b> _____<br><b>Date</b> <u>04/07/2021</u>                                                                                                                                             |

**CERTIFICATE OF COMPLIANCE  
 AND TRANSPORTATION AUTHORITY**

**P-4**  
 5/02—WWW-1

READ INSTRUCTIONS ON BACK

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                                                                                                                                                                               |                                                                             |                            |                                                                                    |                 |                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|-----------------|------------------|
| 1. Field name exactly as shown on proration schedule<br><b>SPRABERRY (TREND AREA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           | 2. Lease name as shown on proration schedule<br><b>UL 2539 W3</b>                                                                                                             |                                                                             |                            |                                                                                    |                 |                  |
| 3. Current operator name exactly as shown on P-5 Organization Report<br><b>QEP ENERGY COMPANY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           | 4. Operator P-5 no.<br><b>684474</b>                                                                                                                                          | 5. Oil Lse/Gas ID no.                                                       | 6. County<br><b>MARTIN</b> | 7. RRC district<br><b>08</b>                                                       |                 |                  |
| 8. Operator address including city, state, and zip code<br><b>1050 17TH STREET, SUITE 800<br/>DENVER, CO 80265</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           | 9. Well no(s) (see instruction E)<br><b>14SC</b>                                                                                                                              |                                                                             |                            |                                                                                    |                 |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           | 10. Classification<br><input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other (see instruction A)                                 |                                                                             |                            | 11. Effective Date<br><b>4/7/2021</b>                                              |                 |                  |
| 12. Purpose of Filing. (Complete section a or b below.) (See instructions B and G)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |                                                                                                                                                                               |                                                                             |                            |                                                                                    |                 |                  |
| a. Change of: <input type="checkbox"/> operator <input type="checkbox"/> oil or condensate gatherer <input type="checkbox"/> gas gatherer <input type="checkbox"/> gas purchaser <input type="checkbox"/> gas purchaser system code<br><input type="checkbox"/> field name from: _____<br><input type="checkbox"/> lease name from: _____<br>OR                                                                                                                                                                                                                                                                        |           |                                                                                                                                                                               |                                                                             |                            |                                                                                    |                 |                  |
| b. New RRC Number for: <input checked="" type="checkbox"/> oil lease <input type="checkbox"/> gas well <input type="checkbox"/> other well (specify) _____ Due to: <input checked="" type="checkbox"/> new completion or recompletion <input type="checkbox"/> reclass oil to gas <input type="checkbox"/> reclass gas to oil<br><input type="checkbox"/> consolidation, unitization, or subdivision (oil lease only)                                                                                                                                                                                                  |           |                                                                                                                                                                               |                                                                             |                            |                                                                                    |                 |                  |
| 13. Authorized GAS WELL GAS or CASINGHEAD GAS Gatherer(s) and/or Purchaser(s). (See instruction G).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |                                                                                                                                                                               |                                                                             |                            |                                                                                    |                 |                  |
| Gatherer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Purchaser | Name of GAS WELL GAS or CASINGHEAD GAS Gatherer(s) or Purchaser(s) As Indicated in Columns to the Left<br>(Attach an additional sheet in same format if more space is needed) |                                                                             |                            | Purchaser's RRC Assigned System Code                                               | Percent of Take | Full-well stream |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           | WILLIAMS MLP OPERATING LLC (925429)                                                                                                                                           |                                                                             |                            |                                                                                    | 100             |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | X         | ETC TEXAS P/L, LTD (255104)                                                                                                                                                   |                                                                             |                            | 0001                                                                               | 100             |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                                                                                                                                                                               |                                                                             |                            |                                                                                    |                 |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                                                                                                                                                                               |                                                                             |                            |                                                                                    |                 |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                                                                                                                                                                               |                                                                             |                            |                                                                                    |                 |                  |
| 14. Authorized OIL or CONDENSATE Gatherer(s). (See instruction G).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |                                                                                                                                                                               |                                                                             |                            |                                                                                    |                 |                  |
| Name of OIL or CONDENSATE Gatherer(s) - List Highest Volume Gatherer First<br>(Attach an additional sheet in same format if more space is needed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |                                                                                                                                                                               |                                                                             | Percent of Take            | <b>RRC USE ONLY</b><br>Reviewer's initials: _____<br>Approval date: _____          |                 |                  |
| ORYX MIDLAND OIL GATHERING LLC (627115)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                                                                                                               |                                                                             | 100                        |                                                                                    |                 |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                                                                                                                                                                               |                                                                             |                            |                                                                                    |                 |                  |
| 15. PREVIOUS OPERATOR CERTIFICATION FOR CHANGE OF OPERATOR P-4 FILING. Being the PREVIOUS OPERATOR, I certify that operating responsibility for the well(s) designated in this filing, located on the subject lease has been transferred in its entirety to the above named Current Operator. I understand, as Previous Operator, that designation of the above named operator as Current Operator is not effective until this certificate is approved by the Commission.                                                                                                                                              |           |                                                                                                                                                                               |                                                                             |                            |                                                                                    |                 |                  |
| Name of Previous Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                                                                                                                                                                               | Signature                                                                   |                            |                                                                                    |                 |                  |
| Name (print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                                                                                                                                                                               | <input type="checkbox"/> Authorized Employee of previous operator           |                            | <input type="checkbox"/> Authorized agent of previous operator (see instruction G) |                 |                  |
| Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                                                                                                                                                               | Date                                                                        |                            | Phone with area code                                                               |                 |                  |
| 16. CURRENT OPERATOR CERTIFICATION. By signing this certificate as the Current Operator, I certify that all statements on this form are true and correct and I acknowledge responsibility for the regulatory compliance of the subject lease including plugging of well(s) pursuant to Rule 14. I further acknowledge that I assume responsibility for the physical operation, control, and proper plugging of each well designated in this filing. I also acknowledge that I will remain designated as the Current Operator until a new certificate designating a new Current Operator is approved by the Commission. |           |                                                                                                                                                                               |                                                                             |                            |                                                                                    |                 |                  |
| Name (print)<br><b>April Mestas</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |                                                                                                                                                                               | Signature<br><i>April Mestas</i>                                            |                            |                                                                                    |                 |                  |
| Title<br><b>REGULATORY SUPERVISOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                                                                                                                                                               | <input checked="" type="checkbox"/> Authorized Employee of current operator |                            | <input type="checkbox"/> Authorized agent of current operator (see instruction G)  |                 |                  |
| E-mail Address (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                                                                                                                                                                               | Date<br><b>4/7/2021</b>                                                     |                            | Phone with area code<br><b>(303) 260-1167</b>                                      |                 |                  |