

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 BLOCK 47 (SHALLOW)		2. Lease name as shown on proration schedule TEXAS UNIVERSITY -Z-			
3. Current operator name exactly as shown on P-5 Organization Report NANTUCKET OIL, LLC		4. Operator P-5 no. 598283	5. Oil Lse/Gas ID no. 00254	6. County CROCKETT	7. RRC district 7C
8. Operator address including city, state, and zip code 5114 CROWN RIDGE DRIVE WICHITA FALLS, TEXAS 76310		9. Well no(s) (see instruction E) #1, #2			
		10. Classification <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other (see instruction A)		11. Effective Date 12/1/20	

12. Purpose of Filing. (Complete section a or b below.) (See instructions B and G)

a. Change of: ☒ operator ☒ oil or condensate gatherer ☐ gas gatherer ☐ gas purchaser ☐ gas purchaser system code
☐ field name from: _____
☐ lease name from: _____

OR

b. New RRC Number for: ☐ oil lease ☐ gas well ☐ other well (specify) _____ Due to: ☐ new completion or recompletion ☐ reclass oil to gas ☐ reclass gas to oil
☐ 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 (Attach an additional sheet in same format if more space is needed)	Purchaser's RRC Assigned System Code	Percent of Take Full-well stream

14. Authorized OIL or CONDENSATE Gatherer(s). (See instruction G).		RRC USE ONLY	
Name of OIL or CONDENSATE Gatherer(s) - List Highest Volume Gatherer First (Attach an additional sheet in same format if more space is needed)	Percent of Take	Reviewer's initials: _____	
TEXAS ENERGY ENTERPRISES, LLC	100	Approval date: _____	

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.

REIN PUSHER OPERATING, LLC		Signature _____	
Name of Previous Operator		<input checked="" type="checkbox"/> Authorized Employee of previous operator <input type="checkbox"/> Authorized agent of previous operator (see instruction G)	
JOHN STOLT		12-3-20 (432) 367-0579	
Name (print)		Date Phone with area code	
VICE PRESIDENT			
Title			

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.

MIKE STOLT		Signature _____	
Name (print)		<input checked="" type="checkbox"/> Authorized Employee of current operator <input type="checkbox"/> Authorized agent of current operator (see instruction G)	
PRESIDENT/ OWNER		12-3-20 940-923-6041	
Title		Date Phone with area code	
stoltmike@gmail.com			
E-mail Address (optional)			