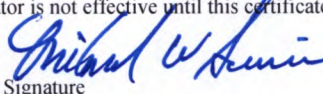
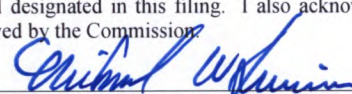


www-1

1. Field name exactly as shown on proration schedule FARMER (SAN ANDRES)		2. Lease name as shown on proration schedule UNIVERSITY 22A		
3. Current operator name exactly as shown on P-5 Organization Report OTB OPERATING, LLC		4. Operator P-5 no. 628102	5. Oil Lse/Gas ID no. 06884	6. County CROCKETT
8. Operator address including city, state, and zip code POB 100 STANTON, TX 79782		9. Well no(s) (see instruction E) 2, 3, 4, 5, 6		
		10. Classification X Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other (see instruction A)		11. Effective Date 01/01/2020
12. Purpose of Filing. (Complete section a or b below.) (See instructions B and G)				
a. Change of: X 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 <input type="checkbox"/> field name from: _____ <input type="checkbox"/> lease name from: _____ OR				
b. New RRC Number for: <input type="checkbox"/> oil lease <input type="checkbox"/> gas well <input type="checkbox"/> other well (specify) _____ Due to: <input type="checkbox"/> new completion or recompletion <input type="checkbox"/> reclass oil to gas <input type="checkbox"/> reclass gas to oil <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 (Attach an additional sheet in same format if more space is needed)	Purchaser's RRC Assigned System Code	Percent of Take
		NONE		
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: _____	
DORADO TRANSPORTATION		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.				
MWS PRODUCING, INC.				
Name of Previous Operator MICHAEL W. SWINSON		Signature:  <input checked="" type="checkbox"/> Authorized Employee of previous operator <input type="checkbox"/> Authorized agent of previous operator (see instruction G)		
Name (print) PRESIDENT		Date: 01/06/2020 Phone with area code: 432.756.2902		
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.				
MICHAEL W. SWINSON				
Name (print) PRESIDENT		Signature:  <input checked="" type="checkbox"/> Authorized Employee of current operator <input type="checkbox"/> Authorized agent of current operator (see instruction G)		
Title		Date: 01/06/2020 Phone with area code: 432.756.2902		
E-mail Address (optional)				