

CERTIFICATE OF COMPLIANCE
AND TRANSPORTATION AUTHORITY

REFER TO INSTRUCTIONS

Form P-4

06/21

1. Field name exactly as shown on proration schedule BLOCK 38 (ELLENGURGER)		2. Lease name as shown on proration schedule UNIVERSITY A					
3. Current operator name exactly as shown on P-5 Organization Report IRON ORCHARD OPERATING LLC		4. Operator P-5 no. 426412	5. Oil Lse/Gas ID no. 13247	6. County CROCKETT	7. RRC District 7C		
8. Operator address including city, state, and zip code 1305 W. 11th St. #4027 HOUSTON, TEXAS 77008		9. Well no(s) (see instruction E) <div style="text-align: center; font-weight: bold;">1</div>					
		10. Classification <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other (see instruction A)		11. Effective Date 06/01/23			
12. Purpose of Filing. (See instructions B and G) a. Change of: <input checked="" 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 <div style="margin-left: 20px;"><input type="checkbox"/> field name from: _____ Docket #: _____ <input type="checkbox"/> lease name from: _____</div> 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 <div style="margin-left: 20px;"><input type="checkbox"/> consolidation <input type="checkbox"/> unitization <input type="checkbox"/> field transfer <input type="checkbox"/> subdivision (oil lease only)</div>							
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
X	X	TARGA MIDSTREAM SERVICES LLC				100.00	
14. Authorized OIL or CONDENSATE Gatherer(s). (See instruction G).							
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	RRC USE ONLY	
PLAINS MARKETING LP 667883					100.00	Reviewer's initials: _____	
						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.							
OSBORN HEIRS COMPANY Name of Previous Operator Nancy FitzSimon Name (print) Vice-President Title					<div style="text-align: center;"> Signature</div> <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Authorized Employee of previous operator</div><div><input type="checkbox"/> Authorized agent of previous operator (see instruction G)</div></div> <div style="display: flex; justify-content: space-between;"><div>07/25/23 Date</div><div>(210) 826-0700 Phone with area code</div></div>		
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.							
Cody Rodriguez Name (print) Manager Title					<div style="text-align: center;"> Signature</div> <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Authorized Employee of current operator</div><div><input type="checkbox"/> Authorized agent of current operator (see instruction G)</div></div> <div style="display: flex; justify-content: space-between;"><div>7-28-23 Date</div><div>713-764-1155 Phone with area code</div></div>		
E-mail Address (optional)							