



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 Lin (Wolfcamp) | | 2. Lease name as shown on proration schedule University South | | | | | |
| 3. Current operator name exactly as shown on P-5 Organization Report RRP Operating LLC | | 4. Operator P-5 no. 732180 | 5. Oil Lse/Gas ID no. 18991 | 6. County Crockett | 7. RRC district 7C | | |
| 8. Operator address including city, state, and zip code 700 Louisiana Street, Ste 3700 Houston, TX 77002 | | 9. Well no(s) (see instruction E) All | | | | | |
| | | 10. Classification <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other (see instruction A) | | 11. Effective Date 2/1/2021 | | | |
| 12. Purpose of Filing. (Complete section a or b below.) (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 <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 | Full-well stream |
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| 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: _____ | | | | |
| | | | Approval date: _____ | | | | |
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| 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. | | | | | | | |
| EP Energy E&P Company, L.P. | |  | | | | | |
| Name of Previous Operator | | Signature | | | | | |
| Peter D. Addison | | <input checked="" type="checkbox"/> Authorized Employee of previous operator | | <input type="checkbox"/> Authorized agent of previous operator (see instruction G) | | | |
| Name (print) | | Date 2/17/21 | | 713-997-1000 | | | |
| Vice President, Land & Land Administration | | | | Phone with area code | | | |
| 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. | | | | | | | |
| Bradley Bracewell | |  | | | | | |
| Name (print) | | Signature | | | | | |
| Vice President | | <input checked="" type="checkbox"/> Authorized Employee of current operator | | <input type="checkbox"/> Authorized agent of current operator (see instruction G) | | | |
| Title | | Date 2/17/21 | | 713-217-2700 | | | |
| E-mail Address (optional) | | | | Phone with area code | | | |