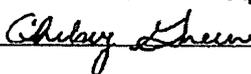
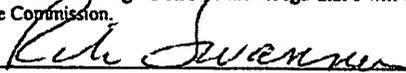


**CERTIFICATE OF COMPLIANCE  
 AND TRANSPORTATION AUTHORITY**

READ INSTRUCTIONS ON BACK

1. Field name exactly as shown on proration schedule <b>LIN (WOLFCAMP)</b>		2. Lease name as shown on proration schedule <b>UNIVERSITY 52-23</b>					
3. Current operator name exactly as shown on P-5 Organization Report <b>FDL Operating, LLC</b>		4. Operator P-5 no. <b>263924</b>	5. Oil Lse/Gas ID no. <b>18140</b>	6. County <b>CROCKETT</b>	7. RRC district <b>7C</b>		
8. Operator address including city, state, and zip code <b>909 Lake Carolyn Parkway, Suite 500 Irving, TX 75039</b>		9. Well no(s) (see instruction E) <b>ALL</b>					
		10. Classification <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other (see instruction A)		11. Effective Date <b>8/31/2016</b>			
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 checked="" 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
<input checked="" type="checkbox"/>		<b>Targa Midstream Services, LLC</b>				<b>100%</b>	
	<input checked="" type="checkbox"/>	<b>Cokinos Energy, LLC</b>			<b>0001</b>	<b>100%</b>	
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	<b>RRC USE ONLY</b> Reviewer's initials: _____ Approval date: _____		
<b>Plains Marketing, L.P.</b>				<b>100%</b>			
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 <b>Devon Energy Production Company, L.P.</b>		Signature 					
Name (print) <b>Chelsey Green</b>		<input checked="" type="checkbox"/> Authorized Employee of previous operator		<input type="checkbox"/> Authorized agent of previous operator (see instruction G)			
Title <b>Regulatory Specialist</b>		Date <b>8/31/2016</b>		Phone with area code <b>405-235-3611</b>			
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) <b>Robin Swanner</b>		Signature 					
Title <b>Consultant</b>		<input type="checkbox"/> Authorized Employee of current operator		<input checked="" type="checkbox"/> Authorized agent of current operator (see instruction G)			
E-mail Address (optional)		Date <b>8/31/2016</b>		Phone with area code <b>903-930-1532</b>			