

**Railroad Commission of Texas**  
Oil And Gas Division  
Request for Clearance of Storage Tanks

Form P-8

Reference No. 63899

Prior to Potential Test

1. Operator's Name and Address (Exactly as shown on Form P-5 Organization Report) PDEH LLC 600 W ILLINOIS AVE  MIDLAND, TX 79701-0000		3. RRC District No. 08
		4. County of Well Site LOVING
		5. API No. 42-301-36081
2. RRC Operator Number: <u>646827</u>		
6. Field Name (Wildcat or exactly as shown on RRC records) TWO GEORGES (BONE SPRING)	7. Drilling Permit No. 883732	8. Rule 37 Case No. 0336982
9. Lease Name UL 20 PADDLE TAIL D	10. Oil lease No.	11. Well No. 553H
12. Drilling completed on <u>05/15/2023</u>		13. Completion report--Form W-2 or G-1--will be filed on <u>01/30/2023</u>
14. Oil or condensate gatherer's name and address PLAINS MARKETING, L.P. P O BOX 4648 HOUSTON, TX 77210-4648  (713) 646-4634		15. Authorization to transport oil or condensate (mark one)  <input checked="" type="checkbox"/> Form P-4 attached <input checked="" type="checkbox"/> Form P-4 Filed on <u>12/05/2023</u>
16. This request is for <u>100000</u> barrels of <input checked="" type="checkbox"/> crude oil OR <input type="checkbox"/> condensate		17. Amount of oil/condensate in tanks  <u>0</u> barrels on <u>12/05/2023</u>
18. Storage capacity in bbls. Tank battery <u>0</u> Test tanks <u>2000</u> Total <u>2000</u>		
19. Previous request for clearance. Amount _____ barrels granted on _____		
20. Reason for current request for clearance (explain briefly) New well. No RRC ID Yest		
Martha Finley		SR. REGULATORY COORDINATOR
Name of operator's representative		Title of person
(432) 688-6036	12/05/2023	
Telephone	Date	
<b>RRC District Office Action</b>		
<b>Status:</b> Approved	<b>Barrels recommended</b> <u>100000</u>	<b>RRC Staff</b> <u>12/06/2023</u> Date

**CERTIFICATE OF COMPLIANCE  
AND TRANSPORTATION AUTHORITY**

REFER TO INSTRUCTIONS

**Form P-4**

06/21

1. Field name exactly as shown on proration schedule <b>Phantom (Wolfcamp)</b>		2. Lease name as shown on proration schedule <b>UL 20 Paddle Tail D</b>					
3. Current operator name exactly as shown on P-5 Organization Report <b>PDEH LLC</b>		4. Operator P-5 no. <b>646827</b>	5. Oil Lse/Gas ID no.	6. County <b>Loving</b>	7. RRC District <b>08</b>		
8. Operator address including city, state, and zip code <b>600 W Illinois Midland, TX 79701</b>		9. Well no(s) (see instruction E) <div style="text-align: center;"><b>ALL</b></div>					
		10. Classification <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other (see instruction A)			11. Effective Date <b>12/01/23</b>		
12. Purpose of Filing. (See instructions B and G) <b>a. Change of:</b> <input 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: _____ Docket #: _____ <input type="checkbox"/> lease name from: _____  <b>b. New RRC Number for:</b> <input checked="" type="checkbox"/> oil lease <input type="checkbox"/> gas well <b>Due to:</b> <input checked="" type="checkbox"/> new completion or recompletion <input type="checkbox"/> reclass oil to gas <input type="checkbox"/> reclass gas to oil <input type="checkbox"/> other well (specify) _____ <input type="checkbox"/> consolidation <input type="checkbox"/> unitization <input type="checkbox"/> field transfer <input type="checkbox"/> 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 <i>(Attach an additional sheet in same format if more space is needed)</i>			Purchaser's RRC Assigned System Code	Percent of Take	Full-well Stream
<input checked="" type="checkbox"/>		Brazos Midstream Operating LLC			0001	100.00	
	<input checked="" type="checkbox"/>	Brazos Midstream Operating LLC			0001	100.00	
14. Authorized OIL or CONDENSATE Gatherer(s). (See instruction G).							
Name of OIL or CONDENSATE Gatherer(s) - List Highest Volume Gatherer First <i>(Attach an additional sheet in same format if more space is needed)</i>					Percent of Take	<b>RRC USE ONLY</b>  Reviewer's initials: _____  Approval date: _____	
Plains Marketing, L.P.					100.00		
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  Name (print)  Title				Signature  <div style="display: flex; justify-content: space-around;"><div><input type="checkbox"/> <b>Authorized Employee of previous operator</b></div><div><input type="checkbox"/> <b>Authorized agent of previous operator (see instruction G)</b></div></div> Date  Phone with area code			
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>Martha Finley</b>  Sr. Regulatory Coordinator  Title <b>Martha.Finley@conocophillips.com</b> E-mail Address (optional)				Signature <div style="text-align: center;"><b>Martha Finley</b></div> <div style="display: flex; justify-content: space-around;"><div><input checked="" type="checkbox"/> <b>Authorized Employee of current operator</b></div><div><input type="checkbox"/> <b>Authorized agent of current operator (see instruction G)</b></div></div> Date <b>12/04/23</b> Phone with area code <b>(432) 688-6036</b>			