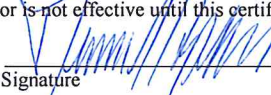
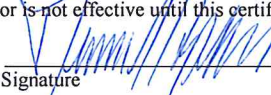
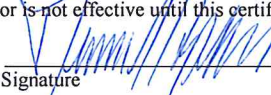
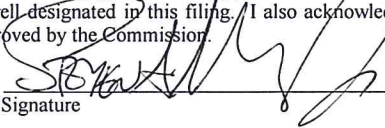
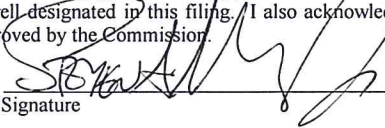
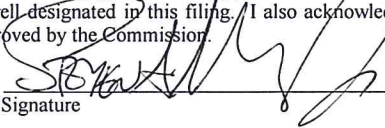


**CERTIFICATE OF COMPLIANCE
 AND TRANSPORTATION AUTHORITY**

P-4
 5/02—WWW-1

READ INSTRUCTIONS ON BACK

1. Field name exactly as shown on proration schedule VIEJOS (DEVONIAN)		2. Lease name as shown on proration schedule ST. GENEVIEVE UNIV 19-20																																							
3. Current operator name exactly as shown on P-5 Organization Report PERISCOPE OPERATING LLC		4. Operator P-5 no. 653787	5. Oil Lse/Gas ID no. 41240	6. County PECOS	7. RRC district 08																																				
8. Operator address including city, state, and zip code 115 E VIRGINIA ST SUITE 201 MCKINNEY, TX 75069		9. Well no(s) <i>(see instruction E)</i> <p style="text-align: center;">1</p>																																							
		10. Classification <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other <i>(see instruction A)</i>		11. Effective Date 12/14/15																																					
12. Purpose of Filing. <i>(Complete section a or b below.) (See instructions B and G)</i> 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). <i>(See instruction G).</i> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width:5%;">Gatherer</th> <th style="width:5%;">Purchaser</th> <th style="width:65%;">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></th> <th style="width:10%;">Purchaser's RRC Assigned System Code</th> <th style="width:10%;">Percent of Take</th> <th style="width:5%;">Full-well stream</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td>ENERGY TRANSFER COMPANY</td> <td style="text-align: center;">0001</td> <td style="text-align: center;">100</td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						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	X	X	ENERGY TRANSFER COMPANY	0001	100																									
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14. Authorized OIL or CONDENSATE Gatherer(s). <i>(See instruction G).</i> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width:60%;">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></th> <th style="width:10%;">Percent of Take</th> <th style="width:30%;">RRC USE ONLY</th> </tr> </thead> <tbody> <tr> <td>PLAINS MARKETING, L.P.</td> <td style="text-align: center;">100</td> <td>Reviewer's initials: _____ Approval date: _____</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				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	RRC USE ONLY	PLAINS MARKETING, L.P.	100	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.																																									
PARALLEL PETROLEUM LLC Name of Previous Operator Dennis J. Hopkins Name (print) General Manager - Land Title		<table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;">  Signature <input checked="" type="checkbox"/> Authorized Employee of previous operator 12/14/15 Date </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Authorized agent of previous operator <i>(see instruction G)</i> (432) 684-3727 Phone with area code </td> </tr> </table>				 Signature <input checked="" type="checkbox"/> Authorized Employee of previous operator 12/14/15 Date	<input type="checkbox"/> Authorized agent of previous operator <i>(see instruction G)</i> (432) 684-3727 Phone with area code																																		
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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.																																									
Steven A. Muns Name (print) President Title smuns@periscoperesources.com E-mail Address (optional)		<table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;">  Signature <input checked="" type="checkbox"/> Authorized Employee of current operator 12/14/15 Date </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Authorized agent of current operator <i>(see instruction G)</i> (214) 263-0364 Phone with area code </td> </tr> </table>				 Signature <input checked="" type="checkbox"/> Authorized Employee of current operator 12/14/15 Date	<input type="checkbox"/> Authorized agent of current operator <i>(see instruction G)</i> (214) 263-0364 Phone with area code																																		
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