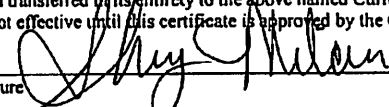
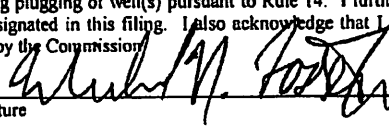


**CERTIFICATE OF COMPLIANCE  
 AND TRANSPORTATION AUTHORITY**

**P-4**

5/02—www-1

READ INSTRUCTIONS ON BACK

1. Field name exactly as shown on proration schedule <b>JOHN SCOTT (GRAYBURG)</b>		2. Lease name as shown on proration schedule <b>UNIVERSITY -DY-</b>			
3. Current operator name exactly as shown on P-5 Organization Report <b>BASA RESOURCES, INC.</b>		4. Operator P-5 no. <b>053974</b>	5. Oil Lse/Gas ID no. <b>04750</b>	6. County <b>REAGAN</b>	7. RRC district <b>7C</b>
8. Operator address including city, state, and zip code <b>14875 LANDMARK BLVD SUITE 400 DALLAS, TX 75254</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>11-1-18</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 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 <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
14. Authorized OIL or CONDENSATE Gatherer(s). (See instruction G).			<b>RRC USE ONLY</b>		
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	Reviewer's initials: _____		
<b>PLAINS MARKETING, L.P.</b>		<b>100</b>	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.					
JM COX RESOURCES, L.P.		Signature: 			
Name of Previous Operator		<input checked="" type="checkbox"/> Authorized Employee of previous operator <input type="checkbox"/> Authorized agent of previous operator (see instruction G)			
SHERRY MILAM		11-1-18			
Name (print)		Date			
PRODUCTION ACCT. MANAGER		(432) 682-9435			
Title		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.					
MICHAEL N. FOSTER, JR.		Signature: 			
Name (print)		<input checked="" type="checkbox"/> Authorized Employee of current operator <input type="checkbox"/> Authorized agent of current operator (see instruction G)			
PRESIDENT		11-1-18			
Title		Date			
		(214) 559-4200			
E-mail Address (optional)		Phone with area code			