

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 Block 49 (2450) ✓	2. Lease name as shown on proration schedule University "E" ✓
3. Current operator name exactly as shown on P-5 Organization Report Fields Oil & Gas Company, LLC	4. Operator P-5 no. 267445
5. Oil Lse/Gas ID no. 02405	6. County Reagan
7. RRC district 7C	8. Operator address including city, state, and zip code 11835 Preston Road Dallas, Texas 75230
9. Well no(s) (see instruction E) # 1, 2, 3, 4, 5, 6	10. Classification <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other (see instruction A)
11. Effective Date 4/1/15	

12. Purpose of Filing. (Complete section a or b below.) (See instructions B and G)

a. Change of: ☒ operator ☐ oil or condensate gatherer ☐ gas gatherer ☐ gas purchaser ☐ gas purchaser system code

☐ field name from: _____

☐ lease name from: _____

OR

b. New RRC Number for: ☐ oil lease ☐ gas well ☐ other well (specify) _____

Due to: ☐ new completion or recompletion ☐ reclass oil to gas ☐ reclass gas to oil ☐ 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
X	X	Davis Gas Processing	0001	100	100
X	X	Davis Gas Processing Inc.	0001	100	100
X	X	Davis, J.L. - Big Lake Gasoline	0001	100	100

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
Plains Marketing LP	100

RRC USE ONLY

Reviewer's initials: **SIF**

Approval date: **6/29/15**

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.

Bert Fields Jr. ✓

Name of Previous Operator

Name (print)

Title

Signature: **OK to process - 6/1/15 - HD-MPE**

☐ Authorized Employee of previous operator ☐ Authorized agent of previous operator (see instruction G)

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.

Michael P. Haggerty

Name (print)

Title: **President**

E-mail Address (optional)

Signature: **Michael P. Haggerty**

☐ Authorized Employee of current operator ☐ Authorized agent of current operator (see instruction G)

Date: **5/12/15**

Phone with area code: **214 953 5942**

6/29/15 per Ryan Haggerty



LETTERS TESTAMENTARY

THE STATE OF TEXAS
PROBATE COURT NO. 3

CAUSE NO. PR-15-00327-3
ESTATE OF BERT FIELDS, JR.

I, JOHN F. WARREN, County Clerk and Clerk of the County and Probate Courts, in and for said County, do hereby certify that on the 18th day of February, 2015

MICHAEL P. HAGGERTY

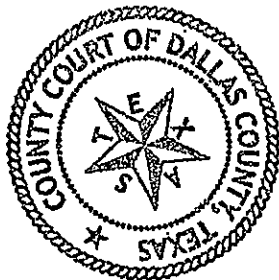
was appointed Independent Executor, without bond, of the Will and Estate of:

BERT FIELDS, JR., Deceased

and that said appointee is fully and legally authorized and empowered to act as the Independent Executor, without bond, of the Will and of the above named estate, having qualified by filing the oath on the 18th day of February, 2015.

I further certify that said appointment is still in full force and effect.

WITNESS MY HAND AND OFFICIAL SEAL OF OFFICE, this 19th day of February, 2015.



JOHN F. WARREN, County Clerk
Dallas County, Texas

By: *Amos Coleman*, Deputy
Amos Coleman

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

JAN 20 2015 STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NUMBER 142-15-005836

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)		2. DATE OF DEATH, ACTUAL OR PRESUMED (mm-dd-yyyy)	
BERT FIELDS JR		JANUARY 10, 2015	
3. SEX	4. DATE OF BIRTH (mm-dd-yyyy)	5. AGE - Last Birthday (Years)	6. BIRTHPLACE (City & State or Foreign Country)
MALE	SEPTEMBER 13, 1939	75	DALLAS, TX
7. SOCIAL SECURITY NUMBER	8. MARITAL STATUS AT TIME OF DEATH		
450-84-6859	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)		10. CITY OR TOWN	
		DALLAS	
10a. RESIDENCE STREET ADDRESS		10b. APT. NO.	10c. INSIDE CITY LIMITS?
11670 WANDER LANE			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10d. COUNTY	10e. STATE	10f. ZIP CODE	
DALLAS	TEXAS	75230	
11. FATHER'S NAME		12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE	
BERT FIELDS SR		ALYNE UNKNOWN	
13. PLACE OF DEATH (CHECK ONLY ONE)			
<input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
14. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.)			
DALLAS, DALLAS, 75230			
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED		18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)	
MIKE HAGGERTY - EXECUTOR		901 MAIN STREET # 6000, DALLAS, TX 75202	
19. METHOD OF DISPOSITION		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	
<input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)		MICHAEL FRICK, BY ELECTRONIC SIGNATURE - 114782	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		23. LOCATION (City, Town, and State)	
HILLCREST MEMORIAL PARK		DALLAS, TX	
24. NAME OF FUNERAL FACILITY		25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)	
SPARKMAN HILLCREST FUNERAL HOME		7405 W. NORTHWEST HWY., DALLAS, TX 75225	
26. CERTIFIER (Check only one)			
<input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, as an occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, as occurred at the time, date and place, and due to the cause(s) and manner stated.			
27. SIGNATURE OF CERTIFIER		28. DATE CERTIFIED (mm-dd-yyyy)	29. LICENSE NUMBER
JAMES STRAUSS, BY ELECTRONIC SIGNATURE		JANUARY 20, 2015	E3123
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)		32. TITLE OF CERTIFIER	
JAMES STRAUSS 8220 WALNUT HILL LANE, DALLAS, TX 75231		MD	
33. PART 1: ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.			
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Approximate Interval Onset to death	
a. CHRONIC LUNG DISEASE		12 YEARS	
Due to (or as a consequence of):			
b.			
Due to (or as a consequence of):			
c.			
Due to (or as a consequence of):			
d.			
34. WAS AN AUTOPSY PERFORMED?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
36. MANNER OF DEATH	37. DID TOBACCO USE CONTRIBUTE TO DEATH?	38. IF FEMALE:	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year	
39. IF TRANSPORTATION INJURY, SPECIFY:	40. DATE OF INJURY (mm-dd-yyyy)		
<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
40a. LOCATION (Street and Number, City, State, Zip Code)	40b. TIME OF INJURY	40c. INJURY AT WORK?	40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
41. DESCRIBE HOW INJURY OCCURRED			
42a. REGISTRAR FILE NO.	42b. DATE RECEIVED BY LOCAL REGISTRAR	42c. REGISTRAR	
0200283	JANUARY 20, 2015	REGISTRAR - CITY OF DALLAS, ELECTRONICALLY FILED	

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 191.051)

VS-112 REV 12/006



This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED

JAN 22 2015

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

Geraldine R. Harris

GERALDINE R. HARRIS
STATE REGISTRAR

LHA

