

**CERTIFICATE OF COMPLIANCE
 AND TRANSPORTATION AUTHORITY**

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 Prester 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
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Davis Gas Processing	0001	100	FILED
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Davis Gas Processing Inc.	0001	100	FILED
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Davis, J.L. - Big Lake Gasoline	0001	100	FILED

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	RRC USE ONLY
Plains Marketing LP	100	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.

Name of Previous Operator: **Bert Fields Jr. ✓**
 Signature: **OK to process - 6/1/15 - HD-MPE**
 Authorized Employee of previous operator Authorized agent of previous operator (see instruction G)
 Name (print): _____
 Title: _____ 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): **Michael P. Haggerty**
 Signature: **Michael P. Haggerty**
 Authorized Employee of current operator Authorized agent of current operator (see instruction G)
 Title: **President**
 Date: **5/12/15** Phone with area code: **214 953 5942**
 E-mail Address (optional): _____

4/29/15 by 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

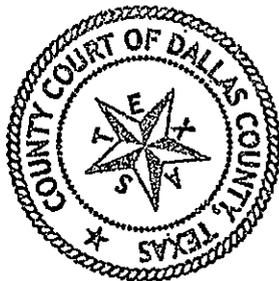
was appointed Independent Executor, without bond, of the Will and Estate of:

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
 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) BERT FIELDS JR		(Maiden)		2. DATE OF DEATH (ACTUAL OR PRESUMED) (mm-dd-yyyy) JANUARY 10, 2015		
3. SEX MALE	4. DATE OF BIRTH (mm-dd-yyyy) SEPTEMBER 13, 1939	5. AGE - Last Birthday (Years) 75	1E. NUMBER YRS Mo Days	1F. UNDER 1 DAY Hours Min	6. BIRTHPLACE (City & State or Foreign Country) DALLAS, TX	
7. SOCIAL SECURITY NUMBER 450-84-6859		8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSES NAME (If wife, give name prior to first marriage)		
10A. RESIDENCE STREET ADDRESS 11670 WANDER LANE			10C. APT. NO.	10D. CITY OR TOWN DALLAS		
10E. COUNTY DALLAS	10F. STATE TEXAS	10G. ZIP CODE 75230	10H. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
11. FATHER'S NAME BERT FIELDS SR			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE ALYNE UNKNOWN			
13. PLACE OF DEATH (CHECK ONLY ONE) IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
14. COUNTRY OF DEATH DALLAS		15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) DALLAS, 75230		16. FACILITY NAME (If not institution, give street address) 11670 WANDER LANE		
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED MIKE HAGGERTY - EXECUTOR			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) 901 MAIN STREET # 6000, DALLAS, TX 75202			
19. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removed from state <input type="checkbox"/> Other (Specify)		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH MICHAEL FRICK, BY ELECTRONIC SIGNATURE - 114782		21. Section PIONEER GARDEN Block 20 Lot 5 Specs		
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) HILLCREST MEMORIAL PARK		23. LOCATION (City, Town, and State) DALLAS, TX				
24. NAME OF FUNERAL FACILITY SPARKMAN HILLCREST FUNERAL HOME		25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 7405 W. NORTHWEST HWY., DALLAS, TX 75225				
26. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Judge of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.						
27. SIGNATURE OF CERTIFIER JAMES STRAUSS, BY ELECTRONIC SIGNATURE		28. DATE CERTIFIED (mm-dd-yyyy) JANUARY 20, 2015	29. LICENSE NUMBER E3123	30. TIME OF DEATH (Actual or presumed) 03:00 PM		
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) JAMES STRAUSS, 8220 WALNUT HILL LANE, DALLAS, TX 75231			32. TITLE OF CERTIFIER 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)		a. CHRONIC LUNG DISEASE		Approximate Interval Onset to death 12 YEARS		
Sexually transmitted conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated, the events resulting in death) LAST		b. _____		Due to (or as a consequence of):		
		c. _____		Due to (or as a consequence of):		
		d. _____		Due to (or as a consequence of):		
34. PART 2: ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1.			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 checked="" type="checkbox"/> No	
36. MANNER OF DEATH <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		37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown		38. IF FEMALE: <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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)
40A. DATE OF INJURY (mm-dd-yyyy)	40B. TIME OF INJURY	40C. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	40D. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)			
40E. LOCATION (Street and Number, City, State, Zip Code)			40F. COUNTY OF INJURY			
41. DESCRIBE HOW INJURY OCCURRED						
42A. REGISTRAR FILE NO. 0200283	42B. DATE RECEIVED BY LOCAL REGISTRAR JANUARY 20, 2015	42C. REGISTRAR 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 \$100,000. (Health and Safety Code, Sec. 195.104)

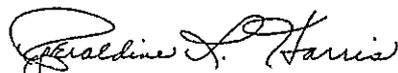

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VS-112 REV 1/2006

LHA

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


 GERALDINE R. HARRIS
 STATE REGISTRAR

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

