

**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>Spraberry (Trend Area)</b>		2. Lease name as shown on proration schedule <b>University "4-10"</b>					
3. Current operator name exactly as shown on P-5 Organization Report <b>Permian Resources, LLC</b>		4. Operator P-5 no <b>655836</b>	5. Oil Lse/Gas ID no <b>08061</b>	6. County <b>Reagan</b>	7. RRC district <b>7C</b>		
8. Operator address including city, state, and zip code <b>PO Box 14670 Oklahoma City, OK. 73113</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>05/01/16</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							
OR <input type="checkbox"/> field name from _____ <input type="checkbox"/> lease name from _____							
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
x		DCP Midstream, LP (195918)				100	
	x	DCP Midstream, LP (195918)			0001	100	
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	RRC USE ONLY Reviewer's initials _____ Approval date _____		
Plains Marketing, L.P. (667883)				100			
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							
American Energy-Perm Basin, LLC				<i>Rena Carter</i>			
Name of Previous Operator				Signature			
Rena Carter				<input checked="" type="checkbox"/> Authorized Employee of previous operator <input type="checkbox"/> Authorized agent of previous operator (see instruction G)			
Name (print)							
Sr. Regulatory Specialist				05/02/16			
Title				Date			
				(405) 968-4450			
				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							
J. Jay Stratton				<i>J. Jay Stratton</i>			
Name (print)				Signature			
Chief Operating Officer				<input checked="" type="checkbox"/> Authorized Employee of current operator <input type="checkbox"/> Authorized agent of current operator (see instruction G)			
Title							
				05/02/16			
				Date			
				(405) 968-4443			
				Phone with area code			
E-mail Address (optional)							