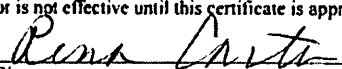
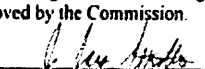


|  |           |  |  |                                       |
|--|-----------|--|--|---------------------------------------|
| 1. Field name exactly as shown on proration schedule<br><b>Lin (Wolfcamp)</b>  |           | 2. Lease name as shown on proration schedule<br><b>University 09</b>   |  |                                       |
| 3. Current operator name exactly as shown on P-5 Organization Report<br><b>Permian Resources, LLC</b>  |           | 4. Operator P-5 no.<br><b>655836</b>   | 5. Oil Lse/Gas ID no.<br><b>17946</b>                                    | 6. County<br><b>Reagan</b>            |
| 8. Operator address including city, state, and zip code<br><b>PO Box 14670<br/>Oklahoma City, OK. 73113</b>  |           | 7. RRC district<br><b>7C</b>   |  |                                       |
|  |           | 9. Well no(s) (see instruction E)<br><b>All</b>  |  |                                       |
|  |           | 10. Classification<br><input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other (see instruction A)  |  | 11. Effective Date<br><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<br><input type="checkbox"/> field name from: _____<br><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<br><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<br>(Attach an additional sheet in same format if more space is needed)  | Purchaser's RRC Assigned System Code                                     | Percent of Take                       |
|  |           |  |  |                                       |
| x  |           | DCP Midstream, LP (195918)   |  | 100                                   |
|  | x         | DCP Midstream, LP (195918)   | 0001   | 100                                   |
|  |           |  |  |                                       |
|  |           |  |  |                                       |
|  |           |  |  |                                       |
|  |           |  |  |                                       |
|  |           |  |  |                                       |
| 14. Authorized OIL or CONDENSATE Gatherer(s). (See instruction G).   |           |  | RRC USE ONLY<br><br>Reviewer's initials _____<br><br>Approval date _____ |                                       |
| Name of OIL or CONDENSATE Gatherer(s) - List Highest Volume Gatherer First<br>(Attach an additional sheet in same format if more space is needed)  |           | Percent of Take  |  |                                       |
| Medallion Operating Company, LLC (558336)  |           | 50   |  |                                       |
| Plains Marketing, L.P. (667883)  |           | 50   |  |                                       |
| 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  |           | <br>Signature<br><input checked="" type="checkbox"/> Authorized Employee of previous operator <input type="checkbox"/> Authorized agent of previous operator (see instruction G)<br>05/02/16      (405) 968-4450<br>Date      Phone with area code |  |                                       |
| Name of Previous Operator  |           |  |  |                                       |
| Rena Carter  |           |  |  |                                       |
| Name (print)   |           |  |  |                                       |
| Sr. Regulatory Specialist  |           |  |  |                                       |
| Title  |           |  |  |                                       |
| 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  |           | <br>Signature<br><input checked="" type="checkbox"/> Authorized Employee of current operator <input type="checkbox"/> Authorized agent of current operator (see instruction G)<br>05/02/16      (405) 968-4443<br>Date      Phone with area code    |  |                                       |
| Name (print)   |           |  |  |                                       |
| Chief Operating Officer  |           |  |  |                                       |
| Title  |           |  |  |                                       |
| E-mail Address (optional)  |           |  |  |                                       |