

**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 Lin (Wolfcamp)		2. Lease name as shown on proration schedule University 09					
3. Current operator name exactly as shown on P-5 Organization Report Permian Resources, LLC		4. Operator P-5 no. 655836	5. Oil L.se/Gas ID no. 17946	6. County Reagan	7. RRC district 7C		
8. Operator address including city, state, and zip code PO Box 14670 Oklahoma City, OK. 73113		9. Well no(s) (see instruction E) All					
10. Classification <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other (see instruction A)					11. Effective Date 05/01/16		
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
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 _____		
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				Signature: <u>Rena Carter</u>			
Name of Previous Operator				<input checked="" type="checkbox"/> Authorized Employee of previous operator <input type="checkbox"/> Authorized agent of previous operator (see instruction G)			
Rena Carter				Date: <u>05/02/16</u>			
Name (print)				Phone with area code: <u>(405) 968-4450</u>			
Sr. Regulatory Specialist				Title: _____			
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				Signature: <u>J. Jay Stratton</u>			
Name (print)				<input checked="" type="checkbox"/> Authorized Employee of current operator <input type="checkbox"/> Authorized agent of current operator (see instruction G)			
Chief Operating Officer				Date: <u>05/02/16</u>			
Title				Phone with area code: <u>(405) 968-4443</u>			
E-mail Address (optional)				Date: _____			
				Phone with area code: _____			