

**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>LIN (WOLFCAMP)</b>		2. Lease name as shown on proration schedule <b>University 12 RE</b>		
3. Current operator name exactly as shown on P-5 Organization Report <b>American Energy-Perm Basin, LLC</b>		4. Operator P-5 no. <b>017996</b>	5. Oil Lse/Gas ID no. <b>18174</b>	6. County <b>Reagan</b>
8. Operator address including city, state, and zip code <b>P. O. Box 13710 Oklahoma City, OK 73113</b>		9. Well no(s) (see instruction E) <b>1HA</b>		
		10. Classification <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other (see instruction A)		11. Effective Date <b>11/11/14</b>
12. Purpose of Filing. (Complete section a or b below.) (See instructions B and G)				
a. Change of: <input 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 checked="" type="checkbox"/> lease name from: <b>University 12</b>				
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	x	DCP Midstream, LP (195918)			0001	100	

14. Authorized OIL or CONDENSATE Gatherer(s). (See instruction G).			RRC USE ONLY	
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	Reviewer's initials: _____		
Plains Marketing, L.P. (667883)	100	Approval date: _____		

**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	Signature
Name (print)	<input type="checkbox"/> <b>Authorized Employee of previous operator</b> <input type="checkbox"/> <b>Authorized agent of previous operator (see instruction G)</b>
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.

Dianne Newman	
Name (print)	Signature
Sr. Regulatory Analyst	<input checked="" type="checkbox"/> <b>Authorized Employee of current operator</b> <input type="checkbox"/> <b>Authorized agent of current operator (see instruction G)</b>
Title	Date
Dianne.Newman@AEP-LP.COM	(405) 607-5496
E-mail Address (optional)	Phone with area code