

# CERTIFICATE OF COMPLIANCE AND TRANSPORTATION AUTHORITY

P-4

This facsimile P-4 was generated electronically from data submitted to the RRC

Status: Approved

1. Field name exactly as shown on proration schedule <b>LIN (WOLFCAMP)</b>		2. Lease name as shown on proration schedule <b>UNIVERSITY 09B</b>			
3. Current operator name as shown on P-5 Organization Report <b>SEM OPERATING COMPANY LLC</b>		4. Operator P-5 <b>766370</b>	5. Oil Lse/Gas ID no. <b>18131</b>	6. County <b>IRION</b>	7. RRC district <b>7C</b>
8. Operator address including city, state, and zip code <b>SUITE 1850 2050 WEST SAM HOUSTON PKWY S HOUSTON, TX 77042</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>05/01/2019</b>

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 Due to: ☐ new completion or recompletion ☐ reclass oil to gas ☐ reclass gas to oil  
☐ Other well (specify) \_\_\_\_\_ ☐ 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"/>	WTG GAS PROCESSING, L.P.(945227)	0001	43.0	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DCP OPERATING COMPANY, LP(195959)	0001	43.0	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	COGENT MIDSTREAM WESTEX, LLC(166221)	0001	14.0	<input type="checkbox"/>

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	
MEDALLION OPERATING COMPANY, LLC(558336)	80.0	Reviewer's initials: <u>RRC</u>	
RIO ENERGY INTERNATIONAL, INC.(712543)	20.0	Approval date: <u>04/25/2019</u>	

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 \_\_\_\_\_

Name(print) \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

☐ Authorized Employee  
of previous operator

☐ Authorized Agent  
of previous operator

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.

Prince, Mandi \_\_\_\_\_

Name (print) \_\_\_\_\_

Regulatory Assistant \_\_\_\_\_

Title \_\_\_\_\_

E-mail Address(optional) \_\_\_\_\_

Signature \_\_\_\_\_

☒ Authorized Employee  
of current operator

☐ Authorized Agent  
of current operator

04/25/2019 \_\_\_\_\_

Date \_\_\_\_\_

(903)705-0829 \_\_\_\_\_

Phone with area code \_\_\_\_\_