COPY

RAILROAD COMMISSION OF TEXAS
Oil and Gas / Admin. Compliance
PO Box 12967
Austin, TX 78711-2967

READ INSTRUCTIONS ON BACK

CERTIFICATION OF SURFACE EQUIPMENT REMOVAL FOR AN INACTIVE WELL

Form W-3C
(Rev. 08/2019)

1. OPERATOR NAME exactly as shown on P-5, Organization Report	2. OPERATOR ADDRESS including city, state and zip code
SABLE PERMIAN RESOURCES, LLC	700 MILAM, SUITE 3100 HOUSTON, TX 77002
3. OPERATOR P-5 NO. 742251	

- If you are filing for a single well:

4. LEASE NAME as shown on Proration Schedule	5. FIELD NAME as shown on Proration Schedule			
UNIVERSITY 49	LIN (WOLFCAMP)			
6. API NUMBER	**7. RRC DISTRICT NO.**	**8. OIL LEASE / GAS ID NO.**	**9. WELL NO.**	**10. COUNTY**
42- 383-38383	07C	17919	0808H	REAGAN

OR

- If you are filing for an attached listing of wells:

FEB 14 2020
OIL & GAS P-5 DEPT
AUSTIN, TX

11. The _____ (Number of Wells) wells listed on the attached _____ (Number of Pages) pages. (See Instructions for listing requirements.)

NOTE: BY ATTACHING A LISTING OF WELLS, YOU CERTIFY THAT ALL WELLS ON THE ATTACHED LISTING HAVE BEEN PLACED IN COMPLIANCE WITH THE SURFACE EQUIPMENT REMOVAL REQUIREMENTS AS SPECIFIED BELOW.

I, the undersigned, certify that: (check all that apply)		Required for:
☒ A	electric service to the production sites for the well(s) identified above has been physically terminated, or the sites do not have electrical service. (See instructions.)	a well or wells which have been inactive for 12 months or longer.
☐ B1	all piping, tanks, vessels, and equipment associated with and exclusive to the well identified above have been emptied or purged of production fluids; OR	a well or wells that have been inactive for at least five (5) years but less than ten (10) years.
☐ B2	the operator owns the surface of the land where the well(s) is located.	
☐ C1	all surface equipment and related piping, tanks, tank batteries, pump jacks, headers, fences, and firewalls associated with and exclusive to the well(s) identified above have been removed, all open pits associated with and exclusive to the well(s) identified above have been closed and all junk and trash, as defined by Commission rule, have been removed*; OR	a well or wells that have been inactive for at least ten (10) years. * for additional information regarding wells identified as inactive more than 10 years as of 9/1/10, please see instructions and/or SWR 15(i)(5)
☐ C2	the operator owns the surface of the land where the well is located; OR	
☐ C3	the well is part of a Commission recognized EOR project and the equipment remaining on the lease is solely associated with current and future operations of the project.	
☐ D	I am unable to comply with the surface equipment cleanup/removal requirements due to safety concerns or required maintenance of the well site. I have attached a written affirmation of the facts regarding the safety concerns or maintenance and request a temporary exception. (Fee set under Rule 78, Tex. Nat. Res. Code §81.0521 & Tex. Nat. Res. Code §81.070) **($375.00 fee per well)**	See instructions and/or SWR 15(i)(3).

CERTIFICATION: I declare that the above certification(s) are based on my personal knowledge of the physical condition of the inactive well identified in this application, that this report was prepared by me or under my supervision or direction, and that I am authorized to make this report. I further acknowledge that this certification is made pursuant to the provisions of Texas Natural Resources Code Section 91.143, which relates to false filings of Commission reports, and provides for the Commission to levy an administrative penalty of up to $1,000.00 for each false filing.

Signature

GREGG HOLLABAUGH
Name (print or type)

MANAGER-OPERATIONS
Title

12/20/2019
Date

713-579-8015
Phone No.