

**CERTIFICATE OF COMPLIANCE  
 AND TRANSPORTATION AUTHORITY**

READ INSTRUCTIONS ON BACK

|   |  |  |                                       |                           |                                       |  |
|---|--|--|---------------------------------------|---------------------------|---------------------------------------|--|
| 1. Field name exactly as shown on proration schedule<br><b>SPRABERRY (TREND AREA)</b>   |  | 2. Lease name as shown on proration schedule<br><b>University 9A</b> |                                       |                           |                                       |  |
| 3. Current operator name exactly as shown on P-5 Organization Report<br><b>Tindle Petroleum, LLC</b>  |  | 4. Operator P-5 no.<br><b>860768</b>                                 | 5. Oil Lse/Gas ID no.<br><b>18384</b> | 6. County<br><b>Upton</b> | 7. RRC district<br><b>7C</b>          |  |
| 8. Operator address including city, state, and zip code<br><b>303 W. Wall St., Suite 804<br/>Midland, TX 79701</b>                            |  | 9. Well no(s) (see instruction E)<br><b>All Wells</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>6/1/2021</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  other well (specify) \_\_\_\_\_ Due to:  new completion or recompletion  reclass oil to gas  reclass gas to oil  
 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 | Full-well stream |
|----------|-----------|---|--------------------------------------|-----------------|------------------|
| X        | X         | Energy Transfer Company (252017)  | 0001                                 | 100             |                  |
|          |           |   |                                      |                 |                  |
|          |           |   |                                      |                 |                  |
|          |           |   |                                      |                 |                  |
|          |           |   |                                      |                 |                  |
|          |           |   |                                      |                 |                  |

14. Authorized OIL or CONDENSATE Gatherer(s). (See instruction G).

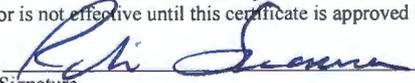
| Name of OIL or CONDENSATE Gatherer(s) - List Highest Volume Gatherer First<br>(Attach an additional sheet in same format if more space is needed) | Percent of Take | RRC USE ONLY                                       |
|---|-----------------|--|
| Plains Marketing L.P. (667883)  | 100             | Reviewer's initials: _____<br>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.

Driftwood Energy Operating, LLC  
 Name of Previous Operator

Robin Swanner  
 Name (print)

Consultant  
 Title

  
 Signature

Authorized Employee of previous operator       Authorized agent of previous operator (see instruction G)

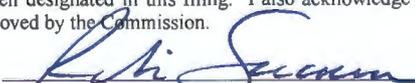
06/01/21      (903) 930-1532  
 Date      Phone with area code

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.

Robin Swanner  
 Name (print)

Consultant  
 Title

E-mail Address (optional)

  
 Signature

Authorized Employee of current operator       Authorized agent of current operator (see instruction G)

06/01/21      (903) 930-1532  
 Date      Phone with area code