

RAILROAD COMMISSION OF TEXAS  
OIL AND GAS DIVISION

CHRISTI CRADDICK, CHAIRMAN  
RYAN SITTON, COMMISSIONER  
WAYNE CHRISTIAN, COMMISSIONER



DANNY SORRELLS  
ACTING DIRECTOR, O&G DIVISION

1701 N. CONGRESS

CAPITOL STATION - P.O. BOX 12967 AUSTIN, TEXAS 78711-2967

09/15/2018

FORM P-4 NOTIFICATION

(OIL LEASE)

OPERATOR

CALLON PETROLEUM OPERATING CO  
PO BOX 1287  
NATCHEZ MS 39121

\* \* \* \* \*  
THE FOLLOWING RRC FORM P-4 "PRODUCER'S CERTIFICATE OF COMPLIANCE AND  
AUTHORIZATION TO TRANSPORT OIL AND/OR CASINGHEAD GAS FROM AN OIL LEASE  
OR GAS AND/OR CONDENSATE FROM A GAS WELL" FILED BY:

CALLON PETROLEUM OPERATING CO  
PO BOX 1287  
NATCHEZ MS 39121

P-5 NO. 124828  
PHONE: (432)218-2800

HAS BEEN APPROVED ON SEPTEMBER 14, 2018.

\* \* \* \* \*

DISTRICT : 08  
COUNTY : WARD  
EFF. DATE: 09/01/2018

FIELD NAME: WAR-WINK, W. (WOLFCAMP)  
FIELD NO. : 95130 900  
LEASE NAME: WARWINK UNIVERSITY 18-38 'B'  
LEASE NO : 35424

FOR THE PURPOSE OF: CHANGE OF GATHERER, CHANGE OF PURCHASER,  
CHANGE OF OPERATOR  
PREVIOUS OPERATOR: CIMAREX ENERGY CO. OF COLORADO P-5 NO: 153429

NAMED ON THE P-4:

TYPE	NAME	CODE	PRODUCT	% OF TAKE
GATHERER	ENTERPRISE CRUDE OIL LLC	ENTCO	OIL	100.000
GATHERER	TARGA MIDSTREAM SERVICES LLC	TARMI	CAS	100.000
PURCHASER	TARGA MIDSTREAM SERVICES LLC	836037	CAS	100.000
	SYSTEM: 0001 BRECKENRIDGE			

PLEASE NOTIFY THE AUSTIN OFFICE OF THE RAILROAD COMMISSION IF ANY OF THE  
ABOVE INFORMATION IS NOT CORRECT.

APPROVED BY  
DANNY SORRELLS  
ACTING DIRECTOR, O&G DIVISION  
OIL AND GAS DIVISION

CC: RRC-08, AND ALL NAMED PARTIES

1. Field name exactly as shown on proration schedule <b>WAR-WINK, W. (WOLFCAMP)</b>		2. Lease name as shown on proration schedule <b>WARWINK UNIVERSITY 18-38 'B'</b>			
3. Current operator name exactly as shown on P-5 Organization Report <b>CALLON PETROLEUM OPERATING CO</b>		4. Operator P-5 no. <b>124828</b>	5. Oil Lse/Gas ID no. <b>35424</b>	6. County <b>WARD</b>	7. RRC district <b>08</b>
8. Operator address including city, state, and zip code <b>P. O. BOX 1287 NATCHEZ, MS. 39121</b>		9. Well no(s) (see instruction E) <div style="text-align: center; font-weight: bold;">1H</div>			
10. Classification <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other (see instruction A)		11. Effective Date <b>09/01/18</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 (Attach an additional sheet in same format if more space is needed)	Purchaser's RRC Assigned System Code	Percent of Take	Full-well stream

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
		Reviewer's initials: _____
		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.

**CIMAREX ENERGY CO. of COLORADO**

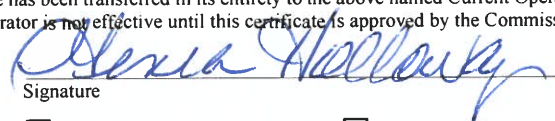
Name of Previous Operator

**GENEA HOLLOWAY**

Name (print)

**PROD ADMIN SUPERVISOR**

Title

Signature:   
☒ **Authorized Employee of previous operator** ☐ **Authorized agent of previous operator (see instruction G)**  
**08/28/18** **(918) 295-1658**  
 Date Phone with area code

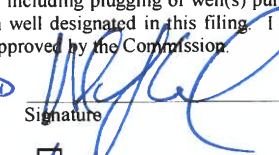
16. CURRENT OPERATOR CERTIFICATION. By signing this certificate as the Current Operator, I certify that all statements on this form are true and correct and I acknowledge responsibility for the regulatory compliance of the subject lease including plugging of well(s) pursuant to Rule 14. I further acknowledge 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.

**CALLON PETROLEUM OPERATING CO. - MICHAEL ECKHARDT**

Name (print)

**GENERAL COUNSEL, VP**

Title

Signature:   
☒ **Authorized Employee of current operator** ☐ **Authorized agent of current operator (see instruction G)**  
**09/05/2018** **281-589-5200**  
 Date Phone with area code

E-mail Address (optional)