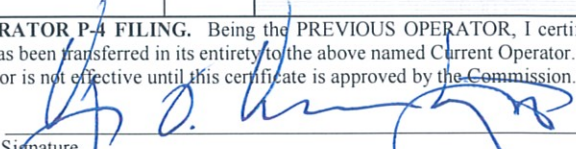
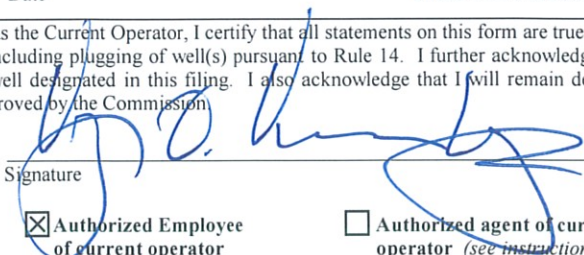


**CERTIFICATE OF COMPLIANCE
 AND TRANSPORTATION AUTHORITY**

Form P-4

06/21

REFER TO INSTRUCTIONS

1. Field name exactly as shown on proration schedule WAR WINK (CHERRY CANYON)		2. Lease name as shown on proration schedule UNIVERSITY "31-W"					
3. Current operator name exactly as shown on P-5 Organization Report MORNINGSTAR OPERATING LLC		4. Operator P-5 no. 100189	5. Oil Lse/Gas ID no. 35074	6. County WARD	7. RRC District 08		
8. Operator address including city, state, and zip code 400 W. 7TH STREET ATTN AMY BYARS FORT WORTH, TX 76102		9. Well no(s) (see instruction E) ALL					
		10. Classification <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other (see instruction A)			11. Effective Date 05/01/22		
12. Purpose of Filing. (See instructions B and G)							
a. Change of: <input checked="" 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: _____ Docket #: _____ <input type="checkbox"/> lease name from: _____							
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 <input type="checkbox"/> unitization							
<input type="checkbox"/> field transfer <input type="checkbox"/> 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	ENERGY TRANSFER COMPANY, (ENETR) (252017)			0001	100.00	
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: _____			
ENTERPRISE CRUDE OIL LLC (ENTCO) (253117)			100.00	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.							
MORNINGSTAR PARTNERS, L.P. Name of Previous Operator				Signature 			
VAUGHN O. VENNERBERG II Name (print)				<input checked="" type="checkbox"/> Authorized Employee of previous operator <input type="checkbox"/> Authorized agent of previous operator (see instruction G)			
PRESIDENT/SECRETARY Title				04/21/22 Date (817) 334-8096 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.							
VAUGHN O. VENNERBERG II Name (print)				Signature 			
PRESIDENT/SECRETARY Title				<input checked="" type="checkbox"/> Authorized Employee of current operator <input type="checkbox"/> Authorized agent of current operator (see instruction G)			
E-mail Address (optional)				04/21/22 Date (817) 334-8096 Phone with area code			