

CERTIFICATE OF COMPLIANCE  
 AND TRANSPORTATION AUTHORITY

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 A certification of the automated data is available in the RRC's Austin office.

Tracking No.: 311894

1. Field name exactly as shown on proration schedule <b>PHANTOM (WOLFCAMP)</b>		2. Lease name as shown on proration schedule <b>UTL 0708E</b>					
3. Current operator name exactly as shown on P-5 Organization Report <b>CONTINENTAL RESOURCES, INC.</b>		4. Operator P-5 no. <b>173777</b>	5. Oil Lse/Gas ID no. <b>60993</b>	6. County <b>WARD</b>	7. RRC district <b>08</b>		
8. Operator address including city, state, and zip code <b>ATTN: ROBERT SANDBO PO BOX 268870 OKLAHOMA CITY, OK 73126</b>		9. Well no(s) (see instruction E) <b>0605H</b>			11. Effective Date <b>12/01/2023</b>		
		10. Classification <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other (see instruction A)					
12. Purpose of Filing. (Complete section a or b below.) (See instructions B and G)							
a. Change of: <input 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 checked="" type="checkbox"/> oil lease <input type="checkbox"/> gas well <input type="checkbox"/> other well (specify) _____ Due to: <input checked="" 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(252017)			0001	50.0	
X	X	TARGA DELAWARE LLC(836022)			0001	50.0	
14. Authorized OIL or CONDENSATE Gatherer(s). (See instruction G).							
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	
PLAINS MARKETING, L.P.(667883)						100.0	
<b>RRC USE ONLY:</b> Reviewer's initials: <u>RRC Staff</u> Approval date: <u>06/24/2024</u>							
<b>15. PREVIOUS OPERATOR CERTIFICATION FOR CHANGE OF OPERATOR P-4 FILING.</b> 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 _____				Signature _____			
Name (print) _____				<input type="checkbox"/> Authorized Employee of previous operator		<input type="checkbox"/> Authorized agent of previous operator (see instruction G)	
Title _____				Date _____		Phone with area code _____	
<b>16. CURRENT OPERATOR CERTIFICATION.</b> 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.							
CONTINENTAL RESOURCES, INC.				Kasey Emrich			
Name (print) _____				Signature _____			
Regulatory Compliance Specialist				<input checked="" type="checkbox"/> Authorized Employee of current operator		<input type="checkbox"/> Authorized agent of current operator (see instruction G)	
Title _____				Date _____		Phone with area code _____	
E-mail Address (optional) <u>kasey.emrich@clr.com</u>				<u>03/26/2024</u>		<u>(405) 774-5743</u>	