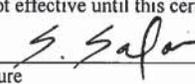
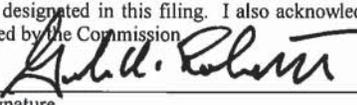


**CERTIFICATE OF COMPLIANCE
 AND TRANSPORTATION AUTHORITY**

P-4

5/02—www-1

READ INSTRUCTIONS ON BACK

1. Field name exactly as shown on proration schedule Apollo, East (Wolfcamp)		2. Lease name as shown on proration schedule University Blk 21		
3. Current operator name exactly as shown on P-5 Organization Report Jetta Operating Company, Inc.		4. Operator P-5 no. 432283	5. Oil Lse/Gas ID no. 195190	6. County Winkler
8. Operator address including city, state, and zip code 640 Taylor St, Suite 2400 Fort Worth, TX 76102		9. Well no(s) (see instruction E) 261		
		10. Classification <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Other (see instruction A)		11. Effective Date 01/01/24
12. Purpose of Filing. (Complete section a or b below.) (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: _____				
<input type="checkbox"/> lease name from: _____				
OR				
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, 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).			RRC USE ONLY	
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	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.				
Iskandia Energy Operating, Inc.				
Name of Previous Operator		Signature		
Susana Safar		<input checked="" type="checkbox"/> Authorized Employee of previous operator <input type="checkbox"/> Authorized agent of previous operator (see instruction G)		
Name (print)		Date		
Chief Operating Officer		01/31/24		
Title		(832) 209-8106		
		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.				
Gordon H. Roberts				
Name (print)		Signature		
Senior Vice President - Business Development		<input checked="" type="checkbox"/> Authorized Employee of current operator <input type="checkbox"/> Authorized agent of current operator (see instruction G)		
Title		Date		
		2/5/2024		
E-mail Address (optional)		(817) 335-1179		
		Phone with area code		