

1. Field name exactly as shown on proration schedule Wink, S. (Bone Springs)		2. Lease name as shown on proration schedule University 47-21	
3. Current operator name exactly as shown on P-5 Organization Report Pilot Water Solutions SWD LLC		4. Operator P-5 no. 665596	5. Oil Lse/Gas ID no. 34919
		6. County Winkler	7. RRC district 08
8. Operator address including city, state, and zip code 20 Greenway Plaza, Suite 200 Houston, Texas 77046		9. Well no(s) (see instruction E) <div style="text-align: right; font-size: 1.5em;">+ All</div>	
		10. Classification <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other (see instruction A)	11. Effective Date 06/01/22
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 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"/> other well (specify) _____ <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
14. Authorized OIL or CONDENSATE Gatherer(s). (See instruction G).			RRC USE ONLY Reviewer's initials: <i>[Signature]</i> Approval date: <i>7/1/22</i>
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	
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.			
Felix Water LLC		<i>Brandi Holloway</i> Signature <input checked="" type="checkbox"/> Authorized Employee of previous operator <input type="checkbox"/> Authorized agent of previous operator (see instruction G) 06/01/22 (903) 754-1034 Date Phone with area code	
Name of Previous Operator			
Brandi Holloway			
Name (print)			
Compliance			
Title			
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.			
Brandi Holloway		<i>Brandi Holloway</i> Signature <input checked="" type="checkbox"/> Authorized Employee of current operator <input type="checkbox"/> Authorized agent of current operator (see instruction G) 06/01/22 (903) 754-1034 Date Phone with area code	
Name (print)			
Compliance			
Title			
brandi.holloway@pilotwater.com			
E-mail Address (optional)			