

Railroad Commission of Texas
Oil And Gas Division
Request for Clearance of Storage Tanks
Prior to Potential Test

Form P-8

Reference No. 59573

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| 1. Operator's Name and Address (Exactly as shown on Form P-5 Organization Report) PERCUSSION PETROLEUM OPER II,LLC 1001 FANNIN STREET STE 2200 HOUSTON, TX 77002-<NA 2. RRC Operator Number: <u>653216</u> > | | 3. RRC District No. 08 |
| | | 4. County of Well Site WINKLER |
| | | 5. API No. 42-495-34698 |
| 6. Field Name (Wildcat or exactly as shown on RRC records) PHANTOM (WOLFCAMP) | 7. Drilling Permit No. 876973 | 8. Rule 37 Case No. 0333560 |
| 9. Lease Name UL YELLOWTAIL WEST H 21-29-17 WB | 10. Oil lease No. | 11. Well No. 8H |
| 12. Drilling completed on <u>07/05/2022</u> | 13. Completion report--Form W-2 or G-1--will be filed on <u>12/05/2022</u> | |
| 14. Oil or condensate gatherer's name and address CONCORD CRUDE OIL MARKETING LLC 1408 WAZEE STREET DENVER, CO 80202 (303) 468-1900 | | 15. Authorization to transport oil or condensate (mark one) <input checked="" type="checkbox"/> Form P-4 attached <input checked="" type="checkbox"/> Form P-4 Filed on <u>09/16/2022</u> |
| 16. This request is for <u>120000</u> barrels of <input checked="" type="checkbox"/> crude oil OR <input type="checkbox"/> condensate | | 17. Amount of oil/condensate in tanks <u>0</u> barrels on <u>09/16/2022</u> |
| 18. Storage capacity in bbls. Tank battery <u>6000</u> Test tanks <u>0</u> Total <u>6000</u> | | |
| 19. Previous request for clearance. Amount _____ barrels granted on _____ | | |
| 20. Reason for current request for clearance (explain briefly) GIVE TIME TO FILE AN IP | | |
| Karen Zornes _____ Name of operator's representative | | REGULATORY CONSULTANT _____ Title of person |
| (281) 872-9300 _____ Telephone | 09/16/2022 _____ Date | |
| RRC District Office Action | | |
| Status: Approved | Barrels recommended <u>54000</u> | RRC Staff _____ _____ Date |

**CERTIFICATE OF COMPLIANCE
AND TRANSPORTATION AUTHORITY**

P-4
5/02—WWW-1

READ INSTRUCTIONS ON BACK

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| 1. Field name exactly as shown on proration schedule PHANTOM (WOLFCAMP) | | 2. Lease name as shown on proration schedule UL YELLOWTAIL WEST H 21-19-17 WB | | | | | |
| 3. Current operator name exactly as shown on P-5 Organization Report PERCUSSION PETROLEUM OPER. II, LLC | | 4. Operator P-5 no. 653216 | 5. Oil Lse/Gas ID no. | 6. County WINKLER | 7. RRC district 08 | | |
| 8. Operator address including city, state, and zip code 1001 FANNIN ST. SUITE 2200 HOUSTON, TX 77002 | | 9. Well no(s) (see instruction E) 8H | | | | | |
| | | 10. Classification <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other (see instruction A) | | | 11. Effective Date 09/15/22 | | |
| 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: _____ <input type="checkbox"/> lease name from: _____ OR b. New RRC Number for: <input checked="" 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 | Percent of Take | Full-well stream |
| X | X | SCM OPS, LLC (758382) | | | 0001 | 75% | |
| | X | ENTERPRISE TRANSFER COMPANY (252017) | | | 0001 | 25% | |
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| 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: _____ | |
| CONCORD CRUDE OIL MARKETING LLC (170262) | | | | | 100% | | |
| | | | | | | | |
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| 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. | | | | | | | |
| Name of Previous Operator Name (print) Title | | | | Signature <input type="checkbox"/> Authorized Employee of previous operator <input type="checkbox"/> Authorized agent of previous operator (see instruction G) 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. | | | | | | | |
| KAREN ZORNES Name (print) REGULATORY CONSULTANT Title | | | | Karen Zornes Signature <input type="checkbox"/> Authorized Employee of current operator <input checked="" type="checkbox"/> Authorized agent of current operator (see instruction G) 09/15/22 Date (281) 872-9300 Phone with area code | | | |
| E-mail Address (optional) | | | | | | | |