

1. Field name exactly as shown on proration schedule <b>Shafter Lake (Wolfcamp)</b>		2. Lease name as shown on proration schedule <b>University -26-</b>		
3. Current operator name exactly as shown on P-5 Organization Report <b>Sheridan Production Company, LLC</b>		4. Operator P-5 no. <b>775854</b>	5. Oil Lse/Gas ID no. <b>26691</b>	6. County <b>Andrews</b>
8. Operator address including city, state, and zip code <b>9 Greenway Plaza, STE 1300 Houston, TX 77046</b>		9. Well no(s) (see instruction E) <b>All Wells</b>		
10. Classification <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other (see instruction A)			11. Effective Date <b>02/26/2013</b>	

12. Purpose of Filing (Complete section a or b below.) (See instructions B and G)

a. Change of: ☒ operator    ☐ oil or condensate gatherer    ☐ gas gatherer    ☐ gas purchaser    ☐ gas purchaser system code

☐ field name from: \_\_\_\_\_  
☐ lease name from: \_\_\_\_\_

OR

b. New RRC Number for: ☐ oil lease    ☐ gas well    ☐ other well (specify) \_\_\_\_\_ Due to: ☐ new completion or recompletion    ☐ reclass oil to gas    ☐ reclass gas to oil  
☐ 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	DCP Midstream, LP	0001	100.0	

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
Hollyfrontier Ref & Mktg LLC	100.0	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.

**SandRidge Expl. and Prod., LLC**  
Name of Previous Operator  
**Linda McDonald**  
Name (print)  
**Director of Regulatory**  
Title

**Linda McDonald**  
Signature  
☒ Authorized Employee of previous operator    ☐ Authorized agent of previous operator (see instruction G)  
**02/26/2013**  
Date    **405-429-6085**  
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.

**Ruth Magee**  
Name (print)  
**Land Manager**  
Title  
**rmagee@sheridanproduction.com**  
E-mail Address (optional)

**Ruth Magee**  
Signature  
☒ Authorized Employee of current operator    ☐ Authorized agent of current operator (see instruction G)  
**2/26/2013**  
Date    **713-548-1073**  
Phone with area code