

**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<br><b>MARTIN (CONSOLIDATED)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           | 2. Lease name as shown on proration schedule<br><b>UNIVERSITY 18</b>                                                                                                          |                                       |                                                                                                                                                                 |                                                   |                 |                  |
| 3. Current operator name exactly as shown on P-5 Organization Report<br><b>Sheridan Production Company, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           | 4. Operator P-5 no.<br><b>775854</b>                                                                                                                                          | 5. Oil Lse/Gas ID no.<br><b>40320</b> | 6. County<br><b>ANDREWS</b>                                                                                                                                     | 7. RRC district<br><b>08</b>                      |                 |                  |
| 8. Operator address including city, state, and zip code<br><b>9 Greenway Plaza, STE 1300<br/>Houston, TX 77046</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           | 9. Well no(s) (see instruction E)<br><b>ALL WELLS</b>                                                                                                                         |                                       |                                                                                                                                                                 |                                                   |                 |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           | 10. Classification<br><input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other (see instruction A)                                 |                                       |                                                                                                                                                                 | 11. Effective Date <i>LM</i><br><b>02/26/2013</b> |                 |                  |
| 12. Purpose of Filing. (Complete section a or b below.) (See instructions B and G)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |                                                                                                                                                                               |                                       |                                                                                                                                                                 |                                                   |                 |                  |
| a. Change of: <input checked="" type="checkbox"/> operator <input checked="" type="checkbox"/> oil or condensate gatherer <input type="checkbox"/> gas gatherer <input type="checkbox"/> gas purchaser <input type="checkbox"/> gas purchaser system code<br><input type="checkbox"/> field name from: _____<br><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<br><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<br>(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         | <b>DCP MIDSTREAM, LP</b>                                                                                                                                                      |                                       |                                                                                                                                                                 | 0001                                              | 100%            |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                                                                                                                                                                               |                                       |                                                                                                                                                                 |                                                   |                 |                  |
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| 14. Authorized OIL or CONDENSATE Gatherer(s). (See instruction G).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |                                                                                                                                                                               |                                       | <b>RRC USE ONLY</b>                                                                                                                                             |                                                   |                 |                  |
| Name of OIL or CONDENSATE Gatherer(s) - List Highest Volume Gatherer First<br>(Attach an additional sheet in same format if more space is needed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |                                                                                                                                                                               | Percent of Take                       | Reviewer's initials: _____                                                                                                                                      |                                                   |                 |                  |
| <b>PLAINS MARKETING, L.P.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                                                                                                                                                                               | 100%                                  | Approval date: _____                                                                                                                                            |                                                   |                 |                  |
| <i>LM</i> <b>Enterprise Crude Pipeline, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                                                                                                                                                                               |                                       |                                                                                                                                                                 |                                                   |                 |                  |
| 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.                                                                                                                                              |           |                                                                                                                                                                               |                                       |                                                                                                                                                                 |                                                   |                 |                  |
| <b>SandRidge Expl. and Prod., LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                                                                                                                                                               |                                       | <i>Linda McDonald</i>                                                                                                                                           |                                                   |                 |                  |
| Name of Previous Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                                                                                                                                                                               |                                       | Signature                                                                                                                                                       |                                                   |                 |                  |
| <b>Linda McDonald</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                                                                                                                                                               |                                       | <input checked="" type="checkbox"/> Authorized Employee of previous operator <input type="checkbox"/> Authorized agent of previous operator (see instruction G) |                                                   |                 |                  |
| Name (print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                                                                                                                                                                               |                                       |                                                                                                                                                                 |                                                   |                 |                  |
| <b>Director of Regulatory</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                                                                                                                                                                               |                                       | <b>02/26/2013</b>                                                                                                                                               |                                                   |                 |                  |
| Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                                                                                                                                                               |                                       | Date                                                                                                                                                            |                                                   |                 |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                                                                                                                                                                               |                                       | <b>405-429-6085</b>                                                                                                                                             |                                                   |                 |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                                                                                                                                                                               |                                       | 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. |           |                                                                                                                                                                               |                                       |                                                                                                                                                                 |                                                   |                 |                  |
| <b>Ruth Magee</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |                                                                                                                                                                               |                                       | <i>Ruth Magee</i>                                                                                                                                               |                                                   |                 |                  |
| Name (print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                                                                                                                                                                               |                                       | Signature                                                                                                                                                       |                                                   |                 |                  |
| <b>Land Manager</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |                                                                                                                                                                               |                                       | <input checked="" type="checkbox"/> Authorized Employee of current operator <input type="checkbox"/> Authorized agent of current operator (see instruction G)   |                                                   |                 |                  |
| Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                                                                                                                                                               |                                       |                                                                                                                                                                 |                                                   |                 |                  |
| <b>rmagee@sheridanproduction.com</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                                                                                                                                                                               |                                       | <b>2/26/13</b>                                                                                                                                                  |                                                   |                 |                  |
| E-mail Address (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                                                                                                                                                                               |                                       | Date                                                                                                                                                            |                                                   |                 |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                                                                                                                                                                               |                                       | <b>713-548-1073</b>                                                                                                                                             |                                                   |                 |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                                                                                                                                                                               |                                       | Phone with area code                                                                                                                                            |                                                   |                 |                  |