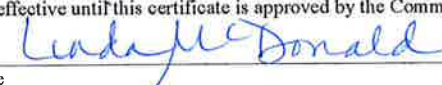



CERTIFICATE OF COMPLIANCE AND TRANSPORTATION AUTHORITY

P-4
5/02—www-1

READ INSTRUCTIONS ON BACK

| | | | | | | |
|---|-----------|---|---------------------------------------|--|---|------------------|
| 1. Field name exactly as shown on proration schedule FULLERTON, SOUTH (WOLFCAMP) | | 2. Lease name as shown on proration schedule UNIVERSITY -FW- | | | | |
| 3. Current operator name exactly as shown on P-5 Organization Report Sheridan Production Company, LLC | | 4. Operator P-5 no. 775854 | 5. Oil Lse/Gas ID no. 32747 | 6. County Andrews | 7. RRC district 08 | |
| 8. Operator address including city, state, and zip code 9 Greenway Plaza, STE 1300 Houston, TX 77046 | | 9. Well no(s) (see instruction E) 2 | | | | |
| | | 10. Classification <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other (see instruction A) | | 11. Effective Date 02/26/2013 | | |
| 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 checked="" type="checkbox"/> gas gatherer <input checked="" type="checkbox"/> gas purchaser <input checked="" 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 | Percent of Take | Full well stream |
| * | * | DCP Midstream LP | | | 100% | |
| * | * | APACHE CORPORATION | | 0001 | 100% | |
| X | X | OCCIDENTAL PERMIAN, LTD | | 0001 | 100% | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 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: _____ | |
| BP Pipelines (North America), INC | | | | 100% | | |
| OCCIDENTAL ENERGY MARKETING, INC. | | | | 100% | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 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 | | | | Signature  <input checked="" type="checkbox"/> Authorized Employee of previous operator <input type="checkbox"/> 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) | | | | Signature  <input checked="" type="checkbox"/> Authorized Employee of current operator <input type="checkbox"/> Authorized agent of current operator (see instruction G) 02/26/2013 Date 713-548-1073 Phone with area code | | |