

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 MARTIN (CONSOLIDATED)		2. Lease name as shown on proration schedule PHILLIPS UNIVERSITY -O-					
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. 36486	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) ALL WELLS					
		10. Classification <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other (see instruction A)		11. Effective Date 02/26/2013 <i>LM</i>			
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							
<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 <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 <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	DCP MIDSTREAM, LP			0001	100%	
14. Authorized OIL or CONDENSATE Gatherer(s). (See instruction G).				RRC USE ONLY			
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	Reviewer's initials: _____			
CONOCOPHILLIPS COMPANY			100%	Approval date: _____			
<i>LM</i> ENTERPRISE CRUDE PIPELINE LLC			50%				
ENTERPRISE CRUDE OIL LLC			50%				
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			Signature <i>Linda McDonald</i>				
Name of Previous Operator			Signature				
Linda McDonald			<input checked="" type="checkbox"/> Authorized Employee of previous operator <input type="checkbox"/> Authorized agent of previous operator (see instruction G)				
Name (print)							
Director of Regulatory			02/26/2013		405-429-6085		
Title			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.							
Ruth Magee			Signature <i>Ruth Magee</i>				
Name (print)			Signature				
Land Manager			<input checked="" type="checkbox"/> Authorized Employee of current operator <input type="checkbox"/> Authorized agent of current operator (see instruction G)				
Title							
rmagee@sheridanproduction.com			02/26/2013		713-548-1073		
E-mail Address (optional)			Date		Phone with area code		