

**CERTIFICATE OF COMPLIANCE  
 AND TRANSPORTATION AUTHORITY**

**P-4**  
 5/02  
 DBC0702

*READ INSTRUCTIONS ON BACK*

1. Field name exactly as shown on proration schedule <b>MARTIN (CONSOLIDATED)</b>		2. Lease name as shown on proration schedule <b>PHILLIPS UNIVERSITY -T-</b>					
3. Current operator name exactly as shown on P-5 Organization Report <b>SANDRIDGE EXPL. &amp; PROD., LLC</b>		4. Operator P-5 no. <b>748011</b>	5. Oil Lse/Gas ID no. <b>36488</b>	6. County <b>ANDREWS</b>	7. RRC district <b>08</b>		
8. Operator address including city, state, and zip code <b>123 ROBERT S. KERR AVENUE OKLAHOMA CITY, OK 73102</b>		9. Well no(s) (see instruction E) <b>2      42-003-04643</b>			11. Effective Date <b>06/01/2010</b>		
		10. Classification <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other (see instruction A)					
12. Purpose of Filing. (Complete section a or b below.) (See instruction 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 checked="" type="checkbox"/> field name from: <b>MARTIN (SAN ANDRES) 38185</b> <input checked="" type="checkbox"/> lease name from: <b>UNIVERSITY T</b>							
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 Gatherers 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 <i>(Attach an additional sheet in same format if more space is needed)</i>			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)				<b>RRC USE ONLY</b>			
Name of OIL or CONDENSATE Gatherer(s) - List Highest Volume Gatherer First <i>(Attach an additional sheet in same format if more space is needed)</i>			Percent of Take	Reviewer's initials: _____			
CONOCO PHILLIPS COMPANY			100	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.							
Name of Previous Operator _____			Signature _____				
Name (print) _____			<input type="checkbox"/> Authorized Employee of previous operator <input type="checkbox"/> Authorized agent of previous operator (see instruction G)				
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.							
DAWN RICHARDSON			<i>Dawn Richardson</i>				
Name (print)			Signature				
SR. REGULATORY TECH			<input checked="" type="checkbox"/> Authorized Employee of current operator <input type="checkbox"/> Authorized agent of current operator (see instruction G)				
Title			Date _____      Phone with area code _____				
DRICHARDSON1@SDRGE.COM			08/01/2010      (405)429-6170				
E-mail Address (optional)			Date      Phone with area code				