Office M:	ate of New Mexico	Form C-103 October 13, 2009
1625 N French Dr , Hobbs, NM 88240	nerals and Natural Resources	WELL API NO. 30-015-05315
1501 W Gland Ave, Artesia, NW 66210	SERVATION DIVISION	5. Indicate Type of Lease
1000 Dro Drogge Dd. Agree NM 97410	South St. Francis Dr.	STATE FEE
<u>District IV</u>	nta Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St Francis Dr , Santa Fe, NM 87505		306920
SUNDRY NOTICES AND REPOR		7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)		Skelly Unit RECEIVE
1. Type of Well: Oil Well Gas Well Other Injection		8. Well Number 61 AUG <b>1 9 201</b> 0
2. Name of Operator		9. OGRID Number
SandRidge Exploration and Production LLC  3. Address of Operator		270265 NMOCD ARTES
123 Robert S Kerr Avenue Oklahoma City, OK 73102-6406		Grayburg Jackson; SR-Q-S-SA
4. Well Location		orayburg ducktori, or Q o or
Unit Letter C : 660 feet fro	om the North line and	1980 feet from the West line
Section 21 Towns	1 0	NMPM County Eddy
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
DF 3765		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABATEMPORARILY ABANDON CHANGE PLAN	<del>-</del> 1	
PULL OR ALTER CASING MULTIPLE CON	— I	<del></del>
DOWNHOLE COMMINGLE	in E Grienter of Employer	
_		
OTHER: OTHER: MIT Test  13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date		
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of		
proposed completion or recompletion.		
In response to LOV NO. 02-09-149		
MIT re-test was run on 8-11-2010. Tested well to 600 PSI, held. Test was witnessed by Jerry Blakley with the BLM.		
MIT Te-lest was full on 6-11-2010. Tested well to 000 FSI, field. Test was withessed by Selfy Blakley with the BEM.		
Spud Date:	Rig Release Date:	
Spaa Baile.	Mig Noteuse Bute.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE OUT Obmson	TITLE SR. Production Assistant	DATE 08-13-2010
Type or print name Colleen Robinson	E-mail address: crobinson@sdrge	e.com PHONE: 738-1739
For State Use Only		
APPROVED BY: RICHARD NAS TITLE COMPLIANCE DATE 8/31/10		
Conditions of Approval (if any):		

