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Form 3160-5
(April 2004)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No 1004-0137
Expires: March 31, 2007

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE- Other instructions on reverse side.

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator **SandRidge Exploration and Production, LLC**

3a. Address
123 Robert S. Kerr Ave, Oklahoma City, OK 73102

3b. Phone No (include area code)
405-429-5682

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec. 17, 17S, 31E

5. Lease Serial No.
NMLC057523

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No

8. Well Name and No.
Superior Foster

9. API Well No
various - well listing attached

10. Field and Pool, or Exploratory Area
Grayburg, Jackson-SR-Q-G-SA

11. County or Parish, State
Eddy, NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other Change of Operator
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13 Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

SandRidge Exploration and Production, LLC respectfully request a change of operator from Forest Oil Corp. for the above referenced lease to SandRidge Exploration and Production, LLC.

The undersigned accepts all applicable terms, conditions, stipulations and restrictions concerning operations on the leased land or portion thereof, as described below:

Lease No.: **NMLC057523**
Wells: **See attached**
Legal Description of Land: **Sec. 17, 17S, 31E**
Formations: **Grayburg, Jackson-SR-Q-G-SA**
BLM Bond #: **NMB000548**
Effective Date: **January 1, 2010**

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

Signature **Terri Statham**

Title **Regulatory Manager**

Date

12/21/2009

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Title

Office

APPROVED

FEB

2010

**BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE**

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

D. D.

Well Name/No.	Location	UL	API #	Well Type	Pool
SUPERIOR FOSTER #002	K-17-17S-31E	K	30-015-05188	O	GRAYBURG JACKSON;SR-Q-G-SA
SUPERIOR FOSTER #003	I-17-17S-31E	I	30-015-05189	O	GRAYBURG JACKSON;SR-Q-G-SA