## OCD-ARTESIA

Form 3160-5 (August 2007)

## **UNITED STATES** DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

SUNDRY NOTICES AND REPORTS ON WELLS

FORM APPROVED OMB No 1004-0137 Expires July 31, 2010

5. Lease Serial No 6. If Indian, Allottee or Tribe Name

		to drill or to re-enter a APD) for such proposa				
SUBMIT IN TRIPLICATE – Other instructions on page 2.				7 If Unit of CA/Agreement, Name and/or No. NMNM071030%		
1. Type of Well  Oil Well  Gas Well  Other Injection				8. Well Name and No. Skelly Unit #66		
2. Name of Operator Sandridge Expl	and Prod. LLC	9. API Well No 30-015-05341				
3a. Address	3b. Phone No. (include area co	ode)	10. Field and Pool or Exploratory Area			
2130 W Bender Hobbs, NM 88240	575-738-1739 ext. 117		Grayburg Jackson; SR-Q-SA			
4. Location of Well (Footage, Sec., T.,	n)		11. Country or Parish, State			
Sec. 21 T17S, R31 E 2080' FNL 710' FE			Eddy			
12 CHEC	CK THE APPROPRIATE BO	OX(ES) TO INDICATE NATUR	RE OF NOTIO	CE, REPORT OR OTH	ER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION					
Notice of Intent	Acidize Alter Casing	Deepen Fracture Treat	_	uction (Start/Resume) amation	Water Shut-Off Well Integrity	
✓ Subsequent Report	Casing Repair Change Plans	New Construction Plug and Abandon	_	omplete porarily Abandon	Other	
Final Abandonment Notice	Convert to Injection	Plug Back	☐ Wate	iter Disposal		
13. Describe Proposed or Completed Of the proposal is to deepen directions Attach the Bond under which the vi- following completion of the involvitesting has been completed. Final determined that the site is ready for	ally or recomplete horizonta work will be performed or pr ed operations If the operat Abandonment Notices must	Ily, give subsurface locations and covide the Bond No. on file with ion results in a multiple completi	d measured ar BLM/BIA F ion or recomp	nd true vertical depths o Required subsequent rep pletion in a new interval,	f all pertinent markers and zones, orts must be filed within 30 days , a Form 3160-4 must be filed once	
9-10-10 Acidized OH w/1000 gals 15% anti-	sludge acid w/H2X scave	nger & 2% mutual solvent. Op	pened well to	injection		
		RECEIVED	П	ACCEPTE	D FOR RECORD	

Accepted for record NMOCD (27)

NMOCD ARTESIA

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	ACC	EPTED FOR RECORD
		OCT 3 2019
	BND	FOUL OF LAND MANAGEMENT
	Joh	FAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE

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14 I hereby certify that the foregoing is true and correct. Name (Printed/Typed)	·····		
Colleen Robinson	e Regulatory Analyst		
Signature autobinico Dat	e 09/16/2010		
THIS SPACE FOR FEDERA	L OR STATE OFFIC	E USE	
Approved by			
	Title	Date	
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	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 ma	ike to any department or agency of the United States ar	ıy false,

fictitious or fraudulent statements or representations as to any matter within its jurisdiction