

RM

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Ave., Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

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JUL 22 2010

HOBBSOCD

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30 015 36423

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil &amp; Gas Lease No.

7. Lease Name or Unit Agreement Name  
State B

8. Well Number 13

9. OGRID Number 270265

10. Pool name or Wildcat SR-Q-G-SA

SUNDRY NOTICES AND REPORTS ON WELLS  
(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.)

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

2. Name of Operator

SandRidge Exploration &amp; Production, LLC

3. Address of Operator

123 Robert S Kerr Ave, OKC OK 73102-6406

4. Well Location

Unit Letter P : 760 feet from the S line and 760 feet from the E lineSection 16 Township 17S Range 31E NMPM Eddy County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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NMOCD ARTESIA

## 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

## NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐ CHANGE PLANS ☐PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐DOWNHOLE COMMINGLE ☐OTHER: ☐

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ P AND A ☐CASING/CEMENT JOB ☐OTHER: Cancel APD ☒

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.

SandRidge would like to cancel the APD currently on file for this well. It has been determined that this well will not be drilled at this time. We will refile the application if we decide to drill in the future.

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Terri Stathem TITLE Regulatory Manager DATE 7-14-10Type or print name Terri Stathem E-mail address: tdstathem@sdrge.com PHONE: 405 429 5682**For State Use Only**APPROVED BY: David Gray TITLE Field Svr. DATE 7-26-10

Conditions of Approval (if any):