

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT



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

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.

5 Lease Serial No
LC029419A

6 If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE – Other instructions on page 2

1 Type of Well
 Oil Well Gas Well Other

2 Name of Operator
Sandridge Expl and Prod LLC

3a Address
2130 W Bender Hobbs, NM 88240

3b Phone No (include area code)
575-738-1739

7 If Unit of CA/Agreement, Name and/or No
NMNM071030X

8 Well Name and No
Skelly Unit #116

9 API Well No
30-015-21090

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

11 Country or Parish, State
Eddy

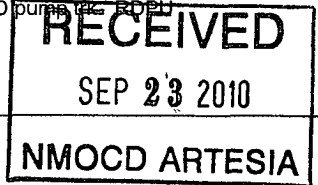
4 Location of Well (Footage, Sec., T, R, M., or Survey Description)
Sec 22 T17S, R31 E 1330' FSL 130' FWL

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" 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 type="checkbox"/> Other _____
	<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	

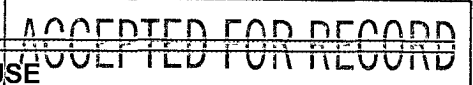
13 Describe Proposed or Completed Operation Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths 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 must be filed within 30 days following completion of the involved operations If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection)

8-10-10 MIRU PU Hot wtr annulus & left pumping.
 8-11-10 Unseated pump POH LD pump POH w/ 2 7/8" notched collar, tagged @3595' POH LD notched collar. PU & RIH w/ 4 3/4" bit, 6 - 3 1/2" DC's & 91 jts tbg.
 8-12-10 Finished RIH w/bit, tagged @3595'. Drilled 3595-3600'. Started drilling metal & quit making hole. Circ hole clean POH LD DC's & bit RU testers, hydrotested tbg BIH to 6000psi PU & RIH w/RBP & ArrowSet pkr RD testers. Tagged w/RBP @3212'. POH w/pkr & LD RBP. RIH w/pkr & left swinging @3039'
 8-13-10 Acidize perms 3156-3543' w/2000 gals 15% Anti-sludge NEFE w/H2S scavenger & 2% mutal solvent w/500# RS in 2 stages. Released pkr & POH PU & RIH w/ RBP & pkr, set RBP @3000' Set pkr @2135' Acidize perms 2238-2363' w/2000 gals 15% Anti-sludge NEFE w/H2S scavenger & 2% mutal solvent w/500# RS in 2 stages.
 8-14-10 Release pkr, latched onto RBP @3000 and released POH LD RBP RIH w/pkr & set @2135' RU swab unit, made 31 runs Rec74 bbls FFL @1700'
 8-16-10 Made 39 swab runs, Rec. 78 bbls FFL @1800'
 8-17-10 Made 7 swab runs, Rec 20 bbls. FFL @1800'. RD swab equip Released pkr POH LD pkr PU & RIH w/BHA & tbg. ND catch pan & BOP, NU WH PU & RIH w/pump & rods Hung well on, RU pump trk Loaded tbg w/10 bbls & pressure to 500 psi w/pump OK RD pumps OK RDPU Return well to production



14 I hereby certify that the foregoing is true and correct Name (Printed/Typed)
Colleen Robinson Title SR. Production Assitant

Signature *Colleen Robinson* Date 08/23/2010



THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by _____ Title _____ Date SEP 20 2010

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 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

CARI SRAD FIELD OFFICE

(Instructions on page 2)

Accepted for record
NMOCD

OK