Form 3160-5

UNITED STATES

FORM APPROVED OMB No. 1004-0137

	DEPARTMENT OF THE UREAU OF LAND MAI			5. Lease Serial No.	pires: July 31, 2010	
Do not use th		ORTS ON WELLS to drill or to re-enter a APD) for such proposa		6. If Indian, Allottee o		
SUBMIT IN TRIPLICATE – Other instructions on page 2. 1. Type of Well				7. If Unit of CA/Agreement, Name and/or No. NMNM071030		
Oil Well Gas Well Other Injection				8. Well Name and No. Skelly Unit #43		
2. Name of Operator Sandridge Expl and Prod. LLC				9. API Well No. 30-015-10500		
3a. Address		3b. Phone No. (include area co	Phone No. (include area code) 10. Fie		0. Field and Pool or Exploratory Area	
2130 W. Bender Hobbs, NM 88240		575-738-1739	Grayburg Ja		ckson; SR-Q-SA	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				11. Country or Parish, State		
Sec 22 T17S, R31 E 765' FNL 2058' FWL				Eddy '		
12. C	HECK THE APPROPRIATE B	OX(ES) TO INDICATE NATUR	E 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	New Construction	Reco	mplete	Other MIT Test	
	Change Plans	Plug and Abandon	Temp	porarıly Abandon		
Final Abandonment Notice	Convert to Injection	Plug Back	☐ Wate	er Disposal		
the proposal is to deepen direct Attach the Bond under which following completion of the in	tionally or recomplete horizonta the work will be performed or provolved operations. If the operational Abandonment Notices must	lly, give subsurface locations and ovide the Bond No. on file with	I measured an BLM/BIA. If on or recomp	nd true vertical depths o Required subsequent rep letion in a new interval	and approximate duration thereof. If fall pertinent markers and zones, orts must be filed within 30 days a Form 3160-4 must be filed once completed and the operator has	

MIT Test was run on 8-11-2010 as ordered by the NMOCD. Tested well to 580 psi - held. Test was witnessed by Jerry Blakely with the BLM. Copy of approved C103 and chart is attached.

OCT **05** 2010

ACCEPTED FOR RECORD

NMOCD ARTES	NMOCD ARTESIA				
Accepted NMC	DC9 RE	BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE			
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed)	,				
Colleen Robinson	Title SR. Production Ass	le SR. Production Assitant			
Signature Compositions	Date 08/23/2010	2 "			
THIS SPACE FOR FEDER	RAL OR STATE OFF	FICE USE			
Approved by	`				
,	Title	Date			
Conditions of approval, if any, are attached. Approval of this notice does not warrant or cer that the applicant holds legal or equitable title to those rights in the subject lease which wou 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 per-	son knowingly and willfully to	o make to any denartment or agency of the United States any folia			