Form 3160-5 (August 2007)

HOBBS OCD **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 ECEIVED abandoned well. Use Form 3160-3 (APD) for such proposals.

JUL 1 1 20 1 5. Lease Serial No. LC 069408 049 6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE – Other instructions or	page 2. 7. If Unit of CA/Agreement, Name and/or No.
1. Type of Well ☐ Oil Well ☐ Gas Well ☐ Other SWD	8. Well Name and No. / Wylie #3
2. Name of Operator SandRidge E&P, LLC	9. API Well No. 30-025-07898
	(include area code) 10. Field and Pool or Exploratory Area SWD;SAN ANDRES (96121)
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description) 1650 FSL 1650 FWL UNIT LTR "K" LOT 3 SEC 9, T21S, R38E	11. Country or Parish, State Lea County, New Mexico
12. CHECK THE APPROPRIATE BOX(ES) TO IND	CATE NATURE OF NOTICE, REPORT OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION
Notice of Intent Acidize Acidize Alter Casing Fracti	n Production (Start/Resume) Water Shut-Off re Treat Reclamation Well Integrity
Subsequent Report	Construction Recomplete Other Ind Abandon Temporarily Abandon WELL NAME CHANGE
Final Abandonment Notice Convert to Injection Plug	Back Water Disposal Cluding estimated starting date of any proposed work and approximate duration thereof If
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.) SandRidge E&P, LLC, respectfully requests the name of the above captioned well be changed to Wylie Federal #3 effective March 4, 2011 (date of operator change to SandRidge.) The well number will remain the same. Current NMOCD property code: 309282 New NMOCD property code: 309282 POOL CODE 96122 POOL CODE 96122 EFF. DATE 3/4/1/ AMINO. 30 - 025 - 07898 BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE	
14 I hereby certify that the foregoing is true and correct. Name (Printed/Typed) Karen Sharp	Title Sr. Regulatory Analyst
Signature Harry	Date 06/21/2011
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 that the applicant holds legal or equitable title to those rights in the subject lease which we entitle the applicant to conduct operations the conduct operations	Title Date ertify ould Office erson 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.