Form 3160-5 (September 2001)

UNITED STATES DEPARTMENT OF THE INTERIOR

HOBBS OCD

FORM APPROVED OM B No 1004-0135 Expires, January 31, 2004

1 Type of Well ☐ ☐ ☐ Gas W				-	
1 Type of Well ☐ ☐ Gas Well ☐ ☐ Other				8. Well Name and No. Elliott Federal 19 4 4 7 9 API Well No	
2. Name of Operator SandRidge Expl. & Prod., LLC					
a Address 123 Robert S. Kerr Ave., OKC, OK 73	Bb Phone No. (include a 405-429-6518	area code)	30-025-40487 10 Field and Pool, or Exploratory Area_		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				Wantz; Abo 11. County or Parish, State	
1285' & 580' FEL					
•				Lea Co., NM	/
12. CHECK APPROPE	RIATE BOX(ES) TO I	NDICATE NATURE	E OF NOTICE, R	EPORT, OR OTHE	R DATA
TYPE OF SUBMISSION		TYPE OF ACTION			
Subsequent Report	or recomplete horizontally, por recomplete horizontally, will be performed or provide erations. If the operation restonment Notices shall be file inspection.) That McKelvey. Spud Well 8 5/8", 24#, J-55 STC csg. 12.9# 1.83 yld., Class C. 2. Suster. Test pipe rams, b. live, floor safety valve. STC 17# csg @ 8072'. RU 2.45 yld, 13.78 gp/sx 50::	give subsurface locations the Bond No. on file with alts in a multiple completed only after all requirem [1 @ 7:30. TD 12 1/4"]; set @ 1640'. RU O-Poz Lead & 250 sks of the poke to Paul Flowers O-Tex pumping. Pur 50 class H lead & 800	s and measured and truth BLM/BIA Required tion or recompletion is ents, including reclaming the true to the true true true true true true true tru	oth pandon Ty proposed work and age vertical depths of all per depths of all pred subsequent reports shan a new interval, a Formation, have been completed. Itines @ 3000 psi. Pulass C tail, displace with the complete shape of the complete sh	ertinent markers and zones all be filed within 30 days 3160-4 shall be filed once ted, and the operator has amp 20 bbl fresh water 1/102 bbl of fresh water. It to 1500psi, tested all 1/1, 20 bbl fresh water splass H tail. Disp w/186

original sent to BLM					
14 I hereby certify that the foregoing is true and correct Name (Printed/Typed) Spence Laird	tle Regulatory Analyst				
Signature SMI Lim/	ate 07/19/2012				
THIS SPACE FOR FEDERAL C	R STATE OFFICE USE				
Approved by	Title Date				
Conditions of approval, if any, are attached Approval of this notice does not warrant of 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 JUL 27 2019				
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any per States any false fictitions or fraudulent, statements or representations as to any matter w					

(Instructions on page 2)

