Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> Ene	ergy, Minerals and Natural Resources	October 13, 2009 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II	T CONCEDIATION DIVISION	30-025-01467
District III  1301 W. Grand Ave , Artesia, NM	1220 South St. Francis Dr.	5. Indicate Type of Lease  STATE  FEE
1000 Rio Brazos Rd, Aztec, NM 87410 <u>District IV</u> 1220 S St Francis Dr., Santa Fe, NM	Nij Santa Fe, NM 87505	6. State Oil & Gas Lease No. B-2148
87505 <b>HOBBSO</b> (	CD	7. Lease Name or Unit Agreement Name
SUNDRY NOTICES AND (DO NOT USE THIS FORM FOR PROPOSALS TO D DIFFERENT RESERVOIR USE "APPLICATION FOR	RILL OR TO DEEPEN OR PLUG BACK TO A	Caprock Maljamar Unit
PROPOSALS)  1. Type of Well: Oil Well  Gas Well  Other In		8. Well Number 2
2. Name of Operator SandRidge Exploration and Production, LLC		9. OGRID Number 270265
3. Address of Operator		10. Pool name or Wildcat
123 Robert S. Kerr Ave, Oklahoma City, OK	73102	Maljamar Grayburg San Andres
4. Well Location  Unit Letter A : 660 feet from the North line and 660 feet from the East line		
Cint Detter 1		
Section 18	Township 17S Range 33E vation (Show whether DR, RKB, RT, GR, etc.)	Access and the second
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION	ON TO: SUI	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK		
		RILLING OPNS. P AND A
	PLE COMPL	NT JOB 📙
DOWNHOLE COMMINGLE		
OTHER:	OTHER: Acidize	
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.		
2/8/10 RU & pump 672 gals 15% NEFE @ 2300 psi. Injection Rate: 225 BW.		
2/8/10 RO & pump 6/2 gais 15/6 NEFE @ 2500 psi. Injection Rate. 225 BW.		
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Spud Date:	Rig Release Date:	
Spud Bute.		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
X 1 1 X L A		
SIGNATURE / / / / /	TITLE Regulatory Man	ager DATE 5/3/10
Type or print name Terri Stathem E-mail address: <u>tstathem@sdrge.com</u> PHONE: <u>405-429-5682</u>		
For State Use Only		
APPROVED BY: TITLE STAFF MATE DATE 5-5-10		
Conditions of Approval (if any):		