

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103

October 13, 2009

RECEIVED

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

AUG 17 2010

HOBBSOCD

WELL API NO.

30 025 01440

5. Indicate Type of Lease

STATE X

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Caprock Maljamar Unit

8. Well Number 5

9. OGRID Number 270265

10. Pool name or Wildcat

Maljamar; Grayburg-San Andres

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well ☐ Gas Well ☐ Other WIW ☒

2. Name of Operator

SandRidge Exploration & Production, LLC

3. Address of Operator

123 Robert S Kerr Ave, OKC OK 73102-6406

4. Well Location

Unit Letter B : 660 feet from the N line and 1980 feet from the E line

Section 17

Township 17S

Range 33E

NMPM

LEA

County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐CHANGE PLANS ☐PULL OR ALTER CASING ☐MULTIPLE COMPL ☐DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐P AND A ☐CASING/CEMENT JOB ☐OTHER: ☐

OTHER MIT

X

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.

8-6-10 Press well to 340# for 31 min – OK. Final press 335#. NMOCD (Maxey Brown) witnessed test. Well placed back on injection. Chart attached.

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Karen Sharp

TITLE Sr Regulatory Analyst

DATE 8/10/10

Type or print name Karen Sharp

E-mail address: ksharp@sdrge.com

PHONE: 405 429 5745

For State Use Only

APPROVED BY:

[Signature]

TITLE

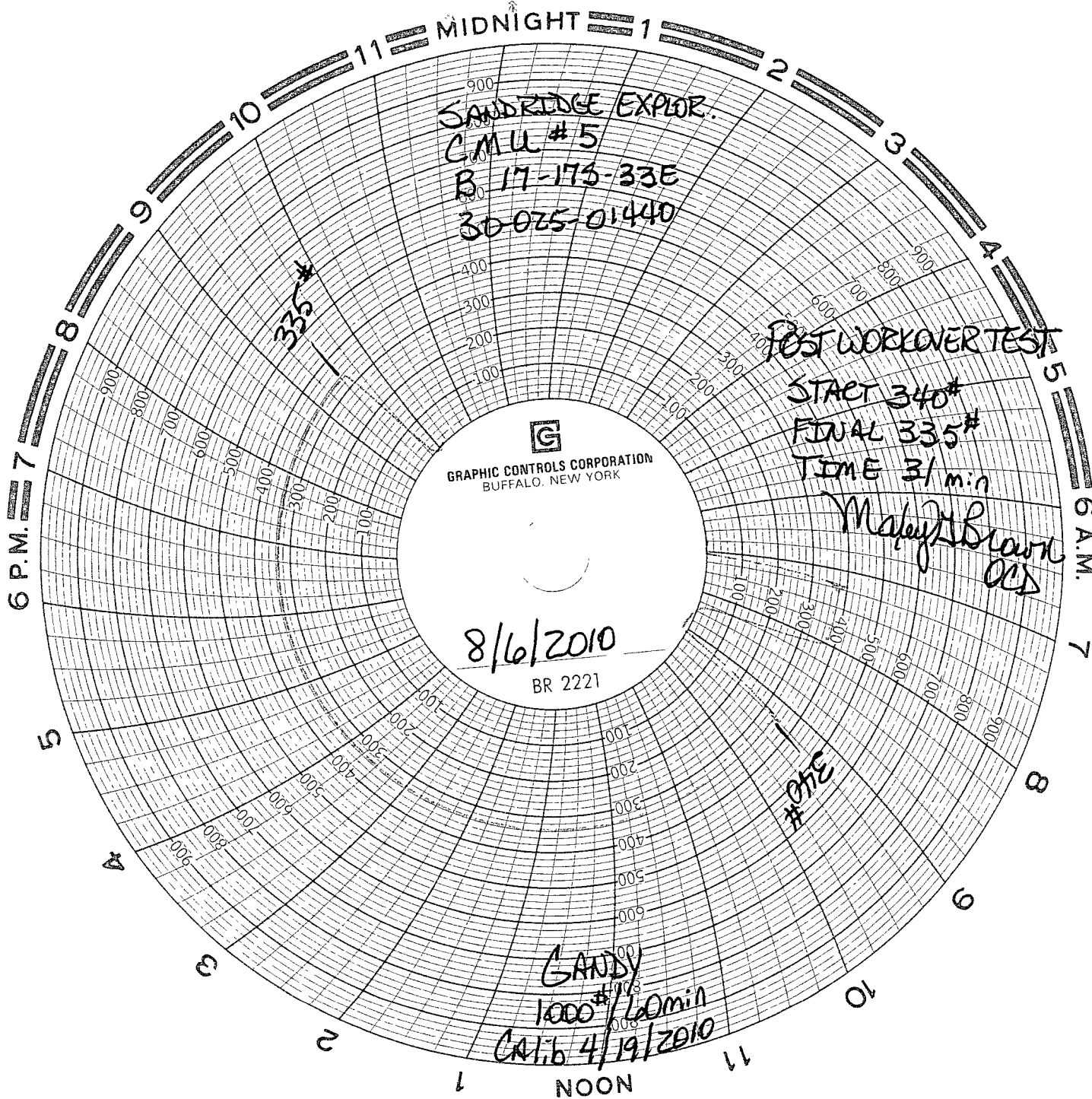
STAFF MGR

DATE

8-19-10

Conditions of Approval (if any):

P.M.



SANDRIDGE EXPLOR.
CMLL #5
B 17-173-33E
3D-025-01440

POST WORKOVER TEST
START 340#
FINAL 335#
TIME 31/min

Mafey Brown
OCS

8/6/2010
BR 2221

GANDY
1000#/min
CALIB 4/19/2010

#ONE