Submit 1 Copy To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

RECEIVED
AUG 17 2010
HOBBSOCD

Form C-103
October 13, 2009

WELL API NO. 30 025 01441

5. Indicate Type of Lease STATE X FEE ☐

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name
Caprock Maljamar Unit

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

8. Well Number 4

2. Name of Operator
SandRidge Exploration & Production, LLC

9. OGRID Number 270265

3. Address of Operator
123 Robert S Kerr Ave, OKC OK 73102-6406

10. Pool name or Wildcat
Maljamar;Grayburg-San andres

4. Well Location
Unit Letter C : 660 feet from the N line and 1980 feet from the W 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:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	P AND A	☐
PULL OR ALTER CASING	☐	MULTIPLE COMPL	☐	CASING/CEMENT JOB	☐		
DOWNHOLE COMMINGLE	☐						
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.

(**NOTE**: Sundry of well work performed prior to testing submitted 6-30-10)

8-6-10 Press well to 360# for 32 min – OK. Final press 360#. NMOCD (Maxey Brown) witnessed test. Well placed back on injection.

Spud Date: Rig Release Date:

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

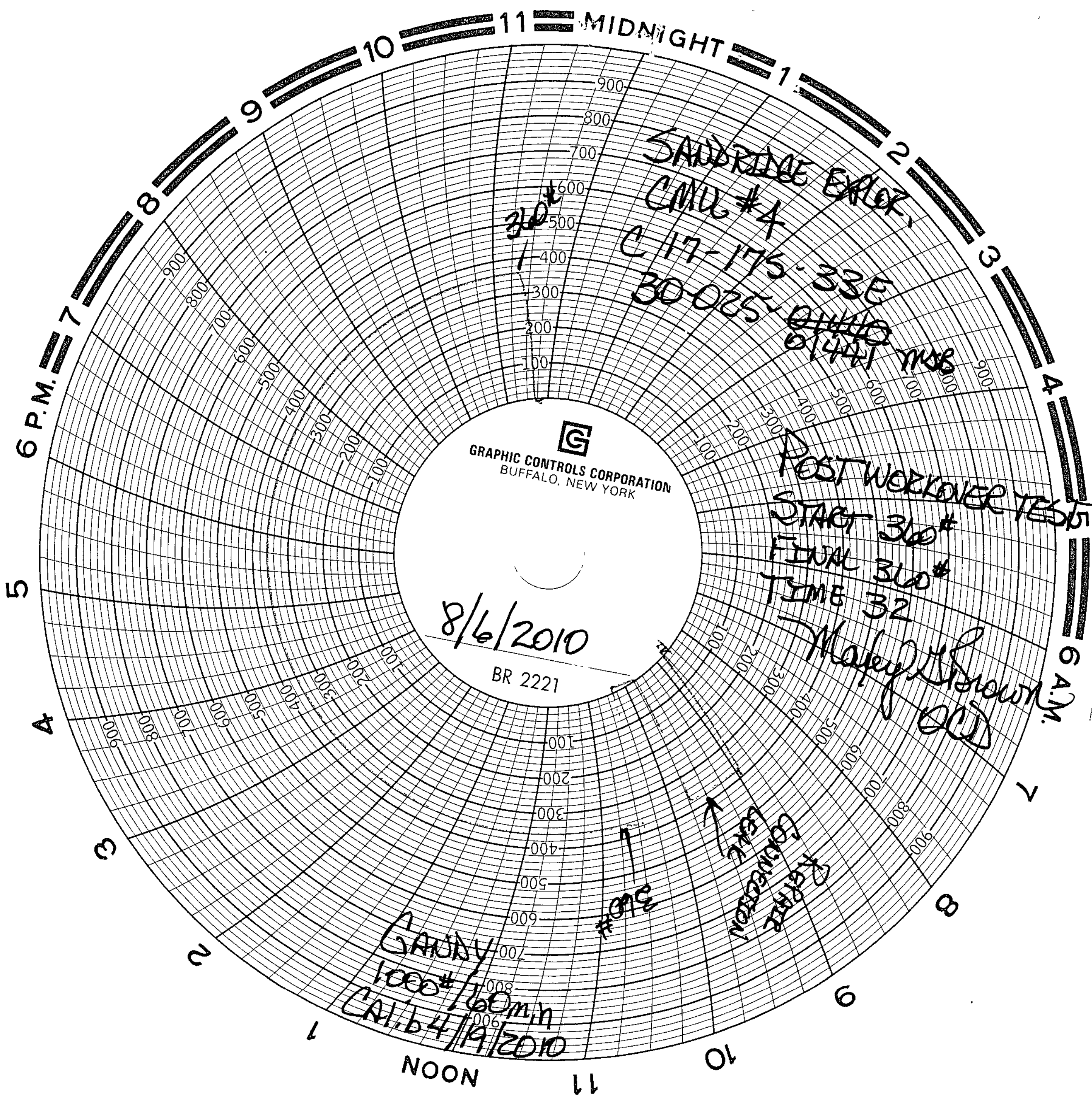
SIGNATURE Karen Sharp TITLE Sr Regulatory Analyst DATE 8/10/10

Type or print name Karen Sharp E-mail address: ksharp@sdrge.com PHONE: 405 429 5745

For State Use Only

APPROVED BY: TITLE STAFF MGR DATE 8-19-10
Conditions of Approval (if any):

P.M.



MIDNIGHT
6 P.M.
6 A.M.
NOON
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
BR 2221
SANDRIDGE EXPLOR.
CMU #4
C 17-17S-33E
30-025-01441
POST WORKOVER TEST
START 360#
FINAL 360#
TIME 32
8/6/2010
GANDY
1000#/60min
CAL. 4/19/2010
360#