

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

Form C-103  
October 13, 2009

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

RECEIVED

AUG 17 2010

WELL API NO. 30 025 01454 ✓
5. Indicate Type of Lease STATE X FEE <input type="checkbox"/> ✓
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Caprock Maljamar Unit ✓
8. Well Number 20 ✓
9. OGRID Number 270265 ✓
10. Pool name or Wildcat Maljamar; Grayburg-San Andres ✓

SUNDRIED 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 <input type="checkbox"/> Gas Well <input type="checkbox"/> 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 <u>K</u> : <u>1980</u> feet from the <u>S</u> line and <u>1980</u> feet from the <u>W</u> 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.

(NOTE: Sundry of well work performed prior to testing submitted 8-5-10)

8-6-10 Press well to 420# for 31 min – OK. Final press 415#. 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

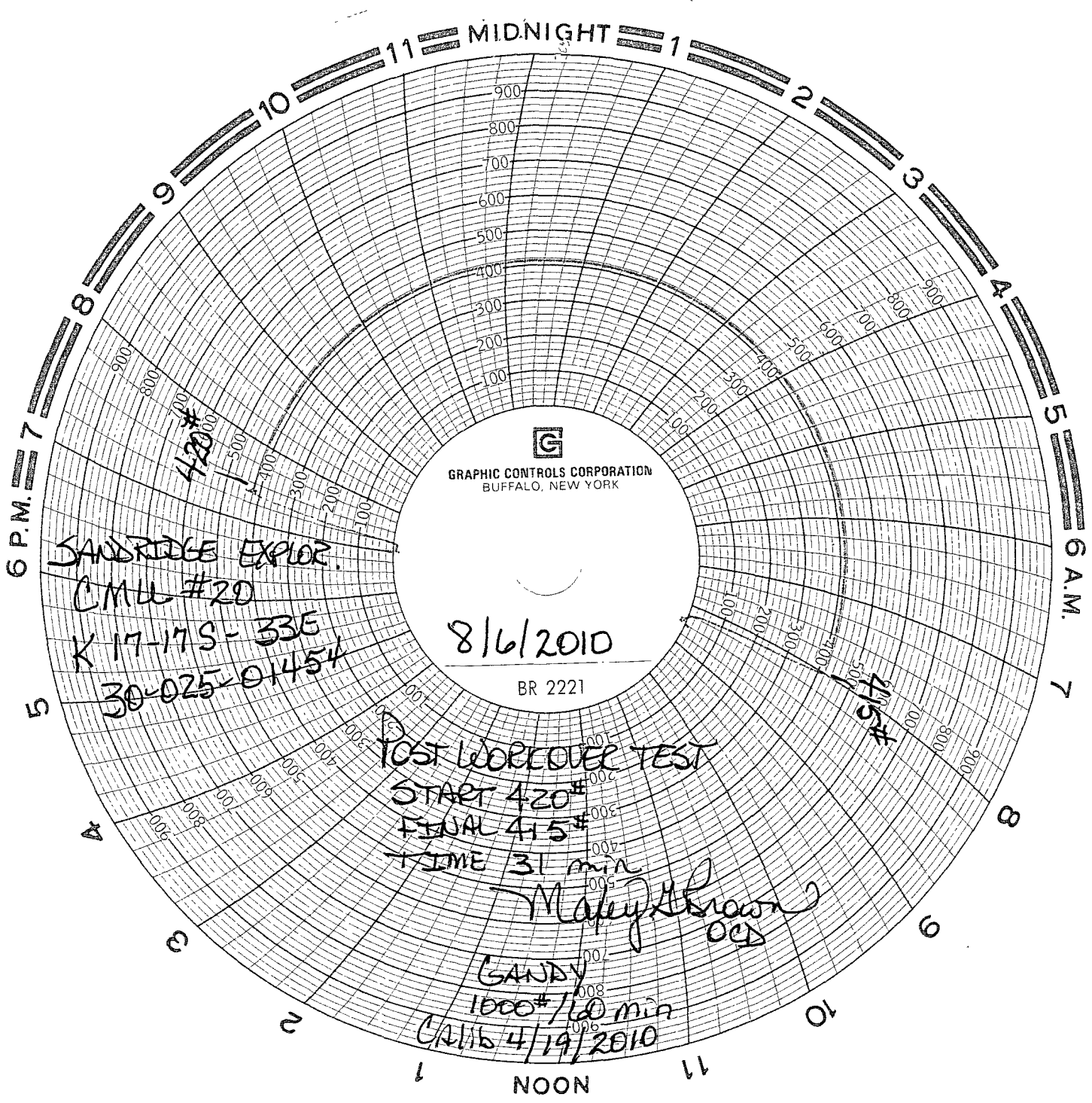
Type or print name Karen Sharp E-mail address: ksharp@sdrge.com PHONE: 405 429 5745

For State Use Only

APPROVED BY: [Signature] TITLE STAFF MGR DATE 8-19-10

Conditions of Approval (if any):

P.M.



SANDRIDGE EXPLOR.  
CML #20  
K 17-17S-33E  
30-025-01454

8/6/2010  
BR 2221

POST WORKOVER TEST  
START 420#  
FINAL 415#  
TIME 31 min

Makay Brown  
OCS

GANDY  
1000#/60 min  
CML# 4/19/2010

420#

415#