

Office

Energy, Minerals and Natural Resources

October 13, 2009

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

RECEIVED

OIL CONSERVATION DIVISION

AUG 17 2010

1220 South St. Francis Dr.

HOBBSOCD

Santa Fe, NM 87505

30-025-01455 ✓

WELL API NO.

30-025-01445 ✓

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 19 ✓

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 L : 1980 feet from the S line and 660 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:

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 360# for 31 min – OK. Final press 330#. 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.

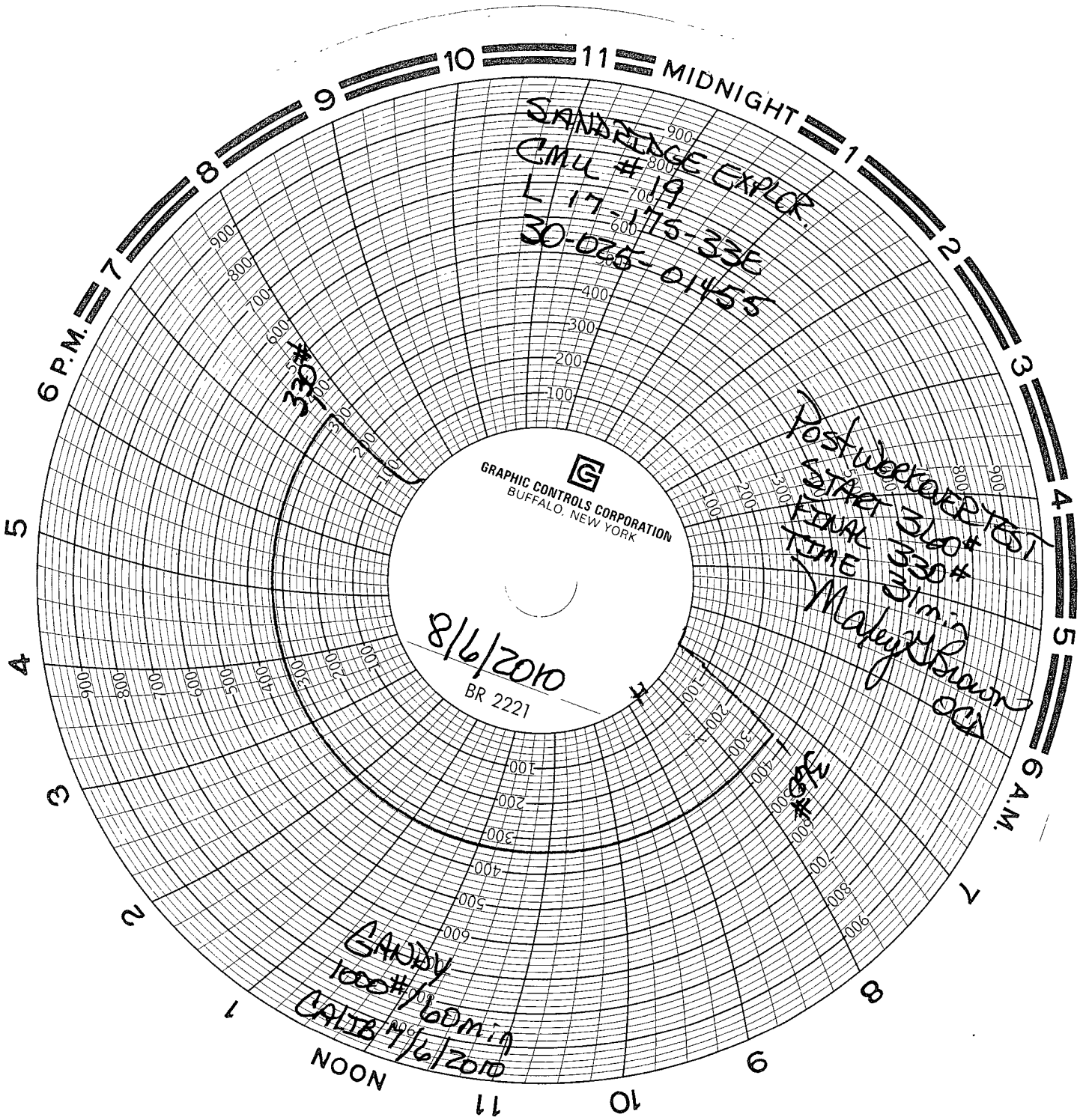
SIGNATURE Karen Sharp TITLE Sr Regulatory Analyst DATE 8/10/10Type or print name Karen Sharp E-mail address: ksharp@sdrge.com PHONE: 405 429 5745

For State Use Only

APPROVED BY: [Signature] TITLE State Reg DATE 8-19-10

Conditions of Approval (if any):

RM.



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

8/6/2010
BR 2221

SANADANCE EXPLOR
CMU # 19
L 17-175-33E
30-026-01455

Postworkover test
START 360#
FINAL 360#
TIME 61min
Mayer Brown
OCA

GAUDY
1000#
CALIB 7/6/2010
NOON