

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

RECEIVED

NOV 03 2010

HOBBSUCD

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO. 30-025-00530
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 306907
7. Lease Name or Unit Agreement Name Caprock Maljamar Unit
8. Well Number 24
9. OGRID Number 270265
10. Pool name or Wildcat Maljamar; Grayburg-San Andres
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4118' GL

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 Injection ☐

2. Name of Operator
SandRidge Exploration and Production LLC

3. Address of Operator
2130 W. Bender Hobbs, NM 88240

4. Well Location
Unit Letter P : 660 feet from the South line and 660 feet from the East line
Section 13 Township 17S Range 32E NMPM County Lea

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: Acidize <input checked="" type="checkbox"/>	

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.

10-27-10

Acidize perf 3364-3866' w/1000 gals 15% anti-sludge acid w/H2X scavenger & 2% mutual solvent. Opened well to 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 Colleen Robinson TITLE Regulatory Analyst DATE 11-2-2010

Type or print name Colleen Robinson E-mail address: crobenson@sdrge.com PHONE: 738-1739

For State Use Only

APPROVED BY: [Signature] TITLE STAFF NRS DATE 11-3-10

Conditions of Approval (if any):

[Signature]