

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 CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505  
NOV 03 2010  
HOBBSD

WELL API NO. 30-025-01465
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 25
9. OGRID Number 270265
10. Pool name or Wildcat Maljamar; Grayburg-San Andres
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4149' 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 M : 660 feet from the South line and 694 feet from the West line  
Section 18 Township 17S Range 33E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
4149' GL

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 ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

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

OTHER: Acidize ☒

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 4061-4294' 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 Manager DATE 11-3-10

Conditions of Approval (if any):