

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

WELL API NO.
30-025-33620

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

306907

7. Lease Name or Unit Agreement Name

Caprock Maljamar Unit

8. Well Number 262

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 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 L : 1880 feet from the South line and 595 feet from the West line

Section 18 Township 17S Range 33E NMPM County Lea

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

4174 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 4234-4311' 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 MGR

DATE

11-3-10

Conditions of Approval (if any):