

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

NOV 12 2010

HOBBSUCD

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-11607

5. Indicate Type of Lease

STATE ☒ FEE ☒

6. State Oil & Gas Lease No.

307960

7. Lease Name or Unit Agreement Name

Langlie Mattix Queen Unit

8. Well Number 11

9. OGRID Number

270265

10. Pool name or Wildcat

Langlie Mattix; 7 RVR-S-Q-Grayburg

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 Expl. and Prod. LLC

3. Address of Operator

2130 W. Bender Hobbs, NM 88240

4. Well Location

Unit Letter B : 660 feet from the North line and 1980 feet from the East lineSection 15 Township 25S Range 37E NMPM County Lea

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

3106 GR

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: Find/repair casing leak ☒

SUBSEQUENT REPORT OF:

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

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.

MIRU DDPD NDWH NUBOP

Isolate casing leak - get injection rate

Pump Class C cement - WOC

Drill out cement

Test casing to 500 psi, if holds put on injection. If doesn't hold we will P&A

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

TITLE Regulatory Analyst

DATE 11-11-2010

Type or print name

Colleen Robinson

E-mail address: c Robinson@sdrge.com

PHONE: 575-738-1739

For State Use Only

APPROVED BY:

DISTRICT 1 SUPERVISOR

DATE

NOV 12 2010

Conditions of Approval (if any):