Form 3160-5 (August 2007)

(Instructions on page 2)

OCD-HORBS UNITED STATES

DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

5. Lease Serial N NMLC064150

	FORM APPROVED OMB No. 1004-0137 Expires: July 31, 2010
ease Serial No.	

6. If Indian, Allottee or Tribe Name

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form abandoned well. Use								
SUBMIT IN TRIPLICATE – Other instructions on page 2.					7. If Unit of CA/Agreement, Name and/or No. NMNM70988X			
1. Type of Well					8. Well Name and No.			
✓ Oil Well Gas Well Other					MALJAMAR GRAYB	URG UN	IT #106	
2. Name of Operator SANDRIDGE EXPL AND PROD. LLC					9. API Well No. 30-025-33039			
3a. Address 2130 W. BENDER			(include area	code)	10. Field and Pool or Exploratory Area MALJAMAR; GRAYBURG-SAN ANDRES			
HOBBS, NM 88240 575-738-1739			EXT 117		11. Country or Parish, State			
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description) ULF SEC 10 T17S R32E 1534' FNL & 1372' FWL					LEA	State		
12. CHECK T	HE APPROPRIATE BO	X(ES) TO INDI	CATE NATU	JRE OF NOT	ICE, REPORT OR OTHE	ER DATA		
TYPE OF SUBMISSION			TION					
Notice of Intent	Acidize	Deepe	n	Pro	oduction (Start/Resume)	□ Wa	ater Shut-Off	
Notice of finent	Alter Casing	Fractu	re Treat	Red	clamation			
✓ Subsequent Report	Casing Repair	New (Construction	Red	mplete Other Return to Prod			
	Change Plans	_ `	nd Abandon	_	porarily Abandon			
Final Abandonment Notice	Convert to Injection	Plug I	Back	Wa	ater Disposal			
MIRU POH w/rods & pump. NDWH NU BOP. POH w/tbg, RIH w/2 7/8" tbg, tested to 6000 psi. NDBOP, pressured to 500 psi, OK. Return well to production.						RECEIVED		
	DEC 1 6 2010							
	HOBBSUCD							
атарын күштөмүн тайын төмүүү кекетен түсүү күшүнүн такан ташанын кетен тайын тереке түрүү түрүү күрү түрүү түр	eroomis he makoosome makoosomassome assassis makko heli suuma niime koolumbuss suuma sa	e Maratan in 18 f sur raman ann para Mhithead ainmheanna	e Maderi (Andre e en	eri ettika erii ilka aasi maan elist isa aasi tiilaksi suussa sasta	INDUDOO	STATE OF THE STATE	anner være anner kallen av medlet til skept forste til hann av sammat het annannske kritiske skept skept og sk	
14. I hereby certify that the foregoing is true a	nd correct. Name (Printed	d/Typed)						
Colleen Robinson			Title Regulatory Analyst					
Signature out Johns	<i>.</i>	· · ·	Date 11/17/2010					
	THIS SPACE	FOR FEDE	RAL OR	TATE OF	FEICE USE	and		
Approved by				MULL	TED FUR REC	עאטי		
Conditions of approval, if any, are attached. A that the applicant holds legal or equitable title t entitle the applicant to conduct operations there	o those rights in the subjec			/\$/ C	DEC 1 4 2010 Dustin Winkler	Date		
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowing and which fictitious or fraudulent statements or representations as to any matter within its jurisdiction.					U OF LAND MANAGEMI	tior agency	of the United States any false	