API No.
15-077-21781-00-00
OTC/OCC Operator No.
22281-0

CEMENTING REPORT
To Accompany Completion Report

Form 1002C
Rev. 1996

OKLAHOMA CORPORATION COMMISSION
Oil & Gas Conservation Division
Post Office Box 52000-2000
Oklahoma City, Oklahoma 73152-2000
OAC 165:10-3-4(h)

All operators must include this form when submitting the Completion Report, (Form 1002A). The signature on this statement must be that of qualified employees of the cementing company and operator to demonstrate compliance with OAC 165:10-3-4(h). It may be advisable to take a copy of this form to location when cementing work is performed.

TYPE OR USE BLACK INK ONLY

*Field Name	STRANATHAN					OCC District	
*Operator	Sandridge Exp and Production					OCC/OTC Operator No	22281-0
*Well Name/No.	Shea SWD 1-17					County	Harper
*Location	1/4	1/4	1/4	1/4	Sec 17	Twp 35S	Rge 07W

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date		1/19/2012				
*Size of Drill Bit (Inches)		14.75"				
*Estimated % wash or hole enlargement used in calculations		100%				
*Size of Casing (inches O.D.)		10.75"				
*Top of Liner (if liner used) (ft.)		N/A				
*Setting Depth of Casing (ft.) from ground level		829'				
Type of Cement (API Class) In first (lead) or only slurry		O-Tex Lite Standard				
In second slurry		Standard				
In third slurry		N/A				
Sacks of Cement Used In first (lead) or only slurry		620				
In second slurry		250				
In third slurry		N/A				
Vol of slurry pumped (Cu ft)(14.X15.) in first (lead) or only slurry		1140.8				
In second slurry		295				
In third slurry		N/A				
Calculated Annular Height of Cement behind Pipe (ft)		Surface				
Cement left in pipe (ft)		45				

*Amount of Surface Casing Required (from Form 1000) ft.

*Was cement circulated to Ground Surface? ☑ Yes ☐ No

*Was Cement Bond Log run? ☐ Yes ☑ No (If so, Attach Copy)

*Was Cement Staging Tool (DV Tool) used? ☐ Yes ☑ No

*If Yes, at what depth? ft

CEMENTING COMPANY AND OPERATOR MUST COMPLY WITH THE INSTRUCTIONS ON REVERSE SIDE OF FORM

* Designates items to be completed by Operator.
Items **not** so designated shall be completed by the Cementing Company.

Remarks

Cement #1: O-Tex Lite Standard: (6%Gel) 2% Calcium Chloride - 1/4 lb/sk Cellflake - 0.5% C-41P * Cement # 2: Standard: 2% Calcium Chloride - 1/4 lb/sk Celloflake * Cement #3: Standard: 2%Calcium Chloride on the side * Cement #4: : * Cement #5: :

*Remarks

CEMENTING COMPANY

I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that the cementing of casing in this well as shown in the report was performed by me or under my supervision, and that the cementing data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers cementing data only.

Signature of Cementer or Authorized Representative

OPERATOR

I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that I have knowledge of the well data and information presented in this report, and that data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers all well data and information presented herein.

Signature of Operator or Authorized Representative

Name & Title Printed or Typed	
Johnny Breeze	
O-TEX Pumping LLC	
Address: **7303 N. Hwy 81**	
City: **Duncan**	
State: **OK**	Zip: **73533**
Telephone (AC) Number: **580-251-9919**	
Date: **January 19, 2012**	

*Name & Title Printed or Typed	
*Operator	
*Address	
*City	
*State	*Zip
*Telephone (AC) Number	
*Date	

INSTRUCTIONS

1. A) This form shall be filed by the operator, at the O.C.C. office in Oklahoma City, as an attachment to the Completion Report (Form 1002A) for a producing well or a dry hole.
   B) An original of this form shall be filed as an attachment to the Completion Report, (Form 1002A), for each cementing company used on a well.
   C) The cementing of different casing strings on a well by one cementing company may be consolidated on one form.
2. Cementing Company and Operator shall comply with the applicable portions of OAC 165:10-3-4(h).
3. Set surface casing 50 feet below depth of treatable water to be protected and cement from casing shoe to ground surface or as allowed by OAC 165:10-3-4(h).
4. **IF SETTING ANYTHING OTHER THAN THE FULL AMOUNT OF SURFACE CASING, BE SURE TO FOLLOW CORPORATION COMMISSION RULES.**

JOB SUMMARY

PROJECT NUMBER	TICKET DATE
SOK1169	01/28/12

COUNTY	State	COMPANY	CUSTOMER REP
Harper	Kansas	Sandridge Exp and Prod	Paul Beckelheimer

LEASE NAME	Well No.	JOB TYPE	EMPLOYEE NAME
Shea SWD	1-17	Intermediate	Larry Kirchner Jr.

EMP NAME							
Larry Kirchner Jr.							
John Hall							
Robert Stonehocker							
Emmit Brock							

Form. Name _____ Type: _____

Packer Type _____ Set At 0

Bottom Hole Temp. 0 Pressure _____

Retainer Depth _____ Total Depth 5730

	Called Out	On Location	Job Started	Job Completed
Date	1/27/2012	1/27/2012	1/27/2012	1/28/2012
Time	3:00PM	8:00PM	11:00PM	1:00AM

Tools and Accessories

Type and Size	Qty	Make
Auto Fill Tube	0	IR
Insert Float Val	0	IR
Centralizers	0	IR
Top Plug	1	IR
HEAD	1	IR
Limit clamp	0	IR
Weld-A	0	IR
Texas Pattern Guide Shoe	0	IR
Cement Basket	0	IR

Well Data

	New/Used	Weight	Size Grade	From	To	Max. Allow
Casing	New	29.7	7 5/8	Surface	5,737	5,000
Liner						
Liner						
Tubing						
Drill Pipe						
Open Hole			9 7/8	Surface	5,737	Shots/Ft.
Perforations						
Perforations						
Perforations						

Materials

Mud Type		Density		Lb/Gal
Disp. Fluid		Density		Lb/Gal
Spacer type		BBL.		
Spacer type		BBL.		
Acid Type		Gal.	%	
Acid Type		Gal.	%	
Surfactant		Gal.	In	
NE Agent		Gal.	In	
Fluid Loss		Gal/Lb	In	
Gelling Agent		Gal/Lb	In	
Fric. Red.		Gal/Lb	In	
MISC.		Gal/Lb	In	

Perfpac Balls _____ Qty. _____

Other _____

Other _____

Other _____

Other _____

Other _____

Hours On Location

Date	Hours
1/27	4.0
1/28	1.0
Total	5.0

Operating Hours

Date	Hours
1/27	1.0
1/28	1.0
Total	2.0

Description of Job

Intermediate

Pressures

MAX 5000 AVG 320

Average Rates in BPM

MAX 10 AVG 4

Cement Left in Pipe

Feet 38 Reason Shoe Joint

Cement Data

Stage	Sacks	Cement	Additives		W/Rq.	Yield	Lbs/Gal
1	465	50/50 POZ PREMIUM	4% Gel - 0.4% C-12 - 0.1% C-37 - 0.5% C-41P - 2 lb/sk Phenoseal		6.77	1.44	13.60
2	0	0		0	0.00	0.00	0.00
3	0	0		0	0.00	0.00	0.00

Summary

Preflush		Type:		Preflush:	BBl	20.00	Type: FRESH WATER
Breakdown		MAXIMUM		Load & Bkdn:	Gal - BBl	N/A	Pad:Bbl -Gal N/A
		Lost Returns-N		Excess /Return	BBl	N/A	Calc.Disp Bbl 262
		Actual TOC		Calc. TOC:		3,510'	Actual Disp. 257.00
Average		Frac. Gradient		Treatment:	Gal - BBl	N/A	Disp:Bbl
ISIP	5 Min.	10 Min	15 Min	Cement Slurry:	BBl	119.0	
				Total Volume	BBl	396.00	

CUSTOMER REPRESENTATIVE Bill Tomb

SIGNATURE