

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

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

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

*Amount of Surface Casing Required (from Form 1000) _____ ft.	
*Was cement circulated to Ground Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	*Was Cement Staging Tool (DV Tool) used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
*Was Cement Bond Log run? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If so, Attach Copy)	*If Yes, at what depth? _____ ft.

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

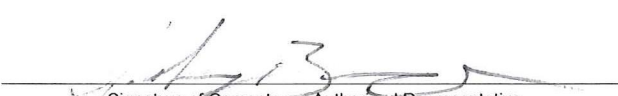
\* Designates items to be completed by Operator.  
Items **not** so designated shall be completed by the Cementing Company.

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

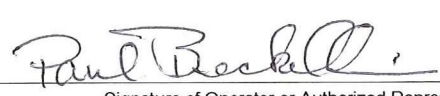
**CEMENTING COMPANY**

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

<b>JOB SUMMARY</b>			PROJECT NUMBER <b>SOK1169</b>	TICKET DATE <b>01/28/12</b>
COUNTY <b>Harper</b>	State <b>Kansas</b>	COMPANY <b>Sandridge Exp and Prod</b>	CUSTOMER REP <b>Paul Beckelheimer</b>	
LEASE NAME <b>Shea SWD</b>	Well No <b>1-17</b>	JOB TYPE <b>Intermediate</b>	EMPLOYEE NAME <b>Larry Kirchner Jr.</b>	

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**

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

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

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
1/27	4.0	1/27	1.0	Intermediate
1/28	1.0	1/28	1.0	
Total 5.0		Total 2.0		

Perpac Balls \_\_\_\_\_ Qty. \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Pressures		
MAX	5000	AVG 320
Average Rates in BPM		
MAX	10	AVG 4
Cement Left in Pipe		
Feet	38	Reason <b>Shoe Joint</b>

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

CUSTOMER REPRESENTATIVE *Bill Tank* SIGNATURE \_\_\_\_\_