

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
 Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
 Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Summary of Changes

Lease Name and Number: Ethan John 1-5 SWD

API/Permit #: 15-077-21798-00-00

Doc ID: 1075993

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Save Link	../../../../kcc/detail/operatorE ditDetail.cfm?docID=10 73590	../../../../kcc/detail/operatorE ditDetail.cfm?docID=10 75993
Well Type	OIL	SWD



CONFIDENTIAL

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1073590

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
---	---

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
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TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

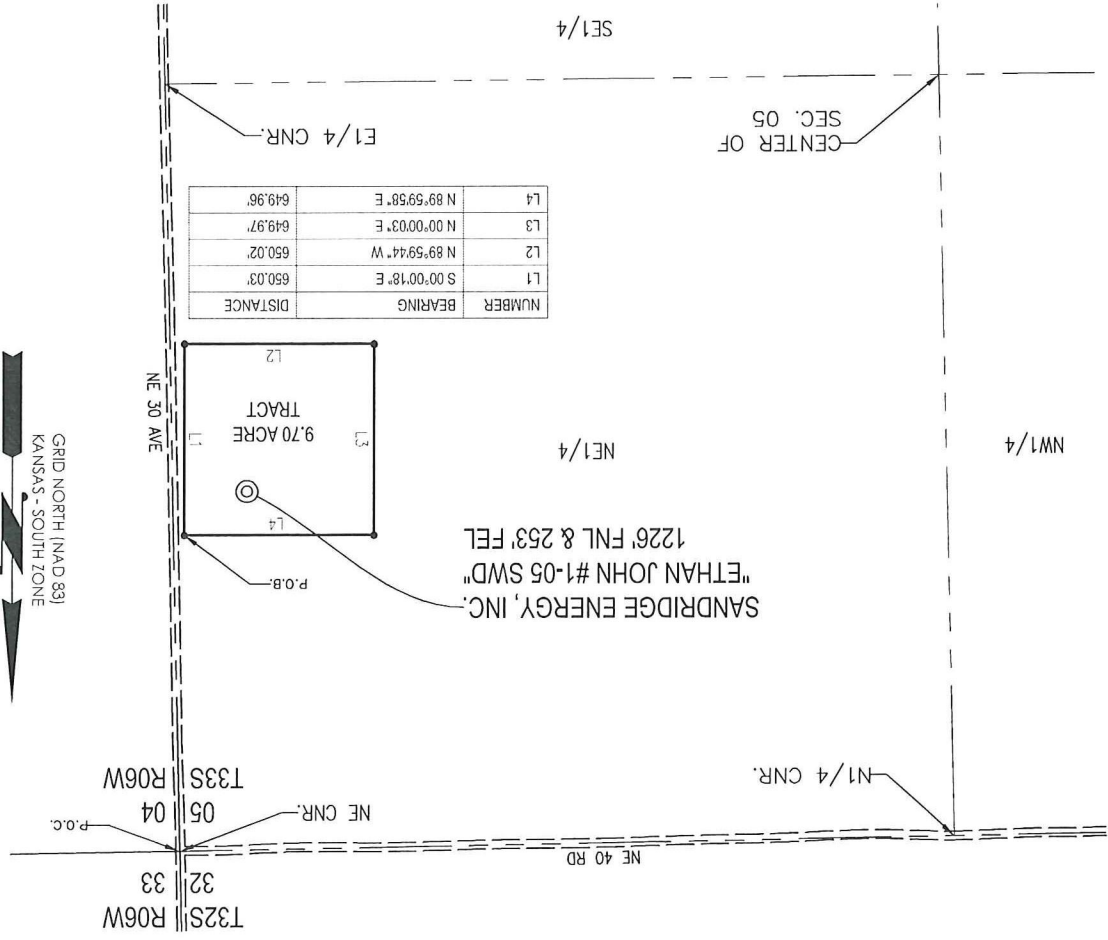
Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Commingled <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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T 33 S - R 06 W

Crafton Tull SURVEYING
 www.craftontull.com
 501.328.3316 | 501.328.3325 f
 Conway, Arkansas 72032
 170 Commerce Road, Building 201



9.70 ACRE TRACT OF LAND IN THE NE 1/4 OF SECTION 05, T33S-R06W, HARPER COUNTY, KANSAS

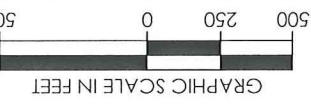
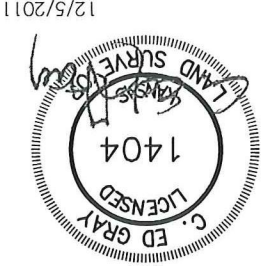
PLAT SHOWING

METES AND BOUNDS DESCRIPTION (9.70 ACRE TRACT)

PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE NE CORNER OF SAID SECTION 05; THENCE S 01°06'46" E ALONG THE EAST LINE OF SAID SECTION 05, A DISTANCE OF 1079.63 FEET; THENCE S 88°53'14" W, A DISTANCE OF 34.96 FEET TO THE POINT OF BEGINNING; THENCE S 00°00'18" E, A DISTANCE OF 650.03 FEET; THENCE N 89°59'44" W, A DISTANCE OF 650.02 FEET; THENCE N 00°00'03" E, A DISTANCE OF 649.97 FEET; THENCE N 89°59'58" E, A DISTANCE OF 649.96 FEET TO THE POINT OF BEGINNING.

SAID TRACT CONTAINING 9.70 ACRES OF LAND AS SURVEYED.



SURVEYOR'S CERTIFICATE:
 I, C. ED GRAY, KANSAS LICENSED PROFESSIONAL LAND SURVEYOR, NO. 1404, DO HEREBY CERTIFY THAT THIS PLAT REPRESENTS THE RESULTS OF A SURVEY MADE ON THE GROUND UNDER MY SUPERVISION.

THE TIES AND FOOTINGS SHOWN ON THIS PLAT ARE FROM LINES OF OCCUPATION FROM A SURVEY MADE ON THE GROUND AND / OR BEARING AND DISTANCES FROM THE GENERAL LAND OFFICE PLAT OF THE AREA SHOWN AND MAY NOT BE THE ACTUAL PROPERTY CORNERS. THIS PLAT DOES NOT REPRESENT A TRUE BOUNDARY SURVEY.

Mid-Continent Conductor, LLC

Invoice

Date	Invoice #
1/23/2012	1201

P.O. Box 1570
Woodward, OK 73802

Phone: (580)254-5400

Fax: (580)254-3242

Bill To
SandRidge Energy, Inc. Attn: Purchasing Mgr. 123 Robert S. Kerr Avenue Oklahoma City, OK. 73102

Ordered By	Terms	Date of Service	Lease Name/Legal Desc.	Drilling Rig
Joel	Net 60	1/23/2012	Ethan John 1-5 SWD, Harper Cnty, KS	Tomcat 3

Item	Quantity	Description	
Conductor Hole	90	Drilled 90 ft. conductor hole	
20" Pipe	90	Furnished 90 ft. of 20 inch conductor pipe	
Rat & Mouse Holes	1	Drilled rat and mouse holes	
Rat Hole Shuck	1	Furnished rat hole shuck	
16" Pipe	20	Furnished 20 ft. of mouse hole pipe	
Cellar Hole	1	Drilled 6' X 6' cellar hole	
6' X 6' Tinhorn	1	Furnished and set 6' X 6' tinhorn	
Mud and Water	1	Furnished mud and water	
Transport Truck - Conductor	1	Transport mud and water to location	
Grout & Trucking	11	Furnished grout and trucking to location	
Grout Pump	1	Furnished grout pump	
Welder & Materials	1	Furnished welder and materials	
Dirt Removal	1	Furnished labor and equipment for dirt removal	
Cover Plate	1	Furnished cover plates	
Permits	1	Permits	
			Subtotal \$17,080.00
			Sales Tax (0.0%) \$0.00
			Total \$17,080.00

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

March 08, 2012

Tiffany Golay
SandRidge Exploration and Production LLC
123 ROBERT S. KERR AVE
OKLAHOMA CITY, OK 73102-6406

Re: ACO1
API 15-077-21798-00-00
Ethan John 1-5 SWD
NE/4 Sec.05-33S-06W
Harper County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Tiffany Golay

Logo

Back to Well Completion

Ethan John 1-5 SWD (1073590)

Actions

View PDF
Delete
Edit
Certify & Submit
Request Confidentiality

Attachments

Two Year Confidentiality OPERATOR	View PDF Delete
Plat OPERATOR	View PDF Delete
Wellbore Diagram OPERATOR	View PDF Delete
Cementing Reports OPERATOR	View PDF Delete

Add Attachment

Remarks

Remarks to KCC

Add Remark

Remarks

Tiffany Golay 03/08/012 10:19 am	Cementing: Conductor weight= 94 lbs/ft and Mid-Continent used 11 yards of grout (does not track sacks used)
Tiffany Golay 03/08/012 10:17 am	Waste Mgmt: 2700bbls hauled to soil farm by APSS soil farming. Hauled to NE1/4, Sec 6, TWP. 28N, 8W Alfalfa Co.OK. 4000bbls hauled to disposal. Operator: Richard Gray Mud Disposal. SW1/4, Sec 15, TWP 24N, 7W in Garfield Co. OK



Current

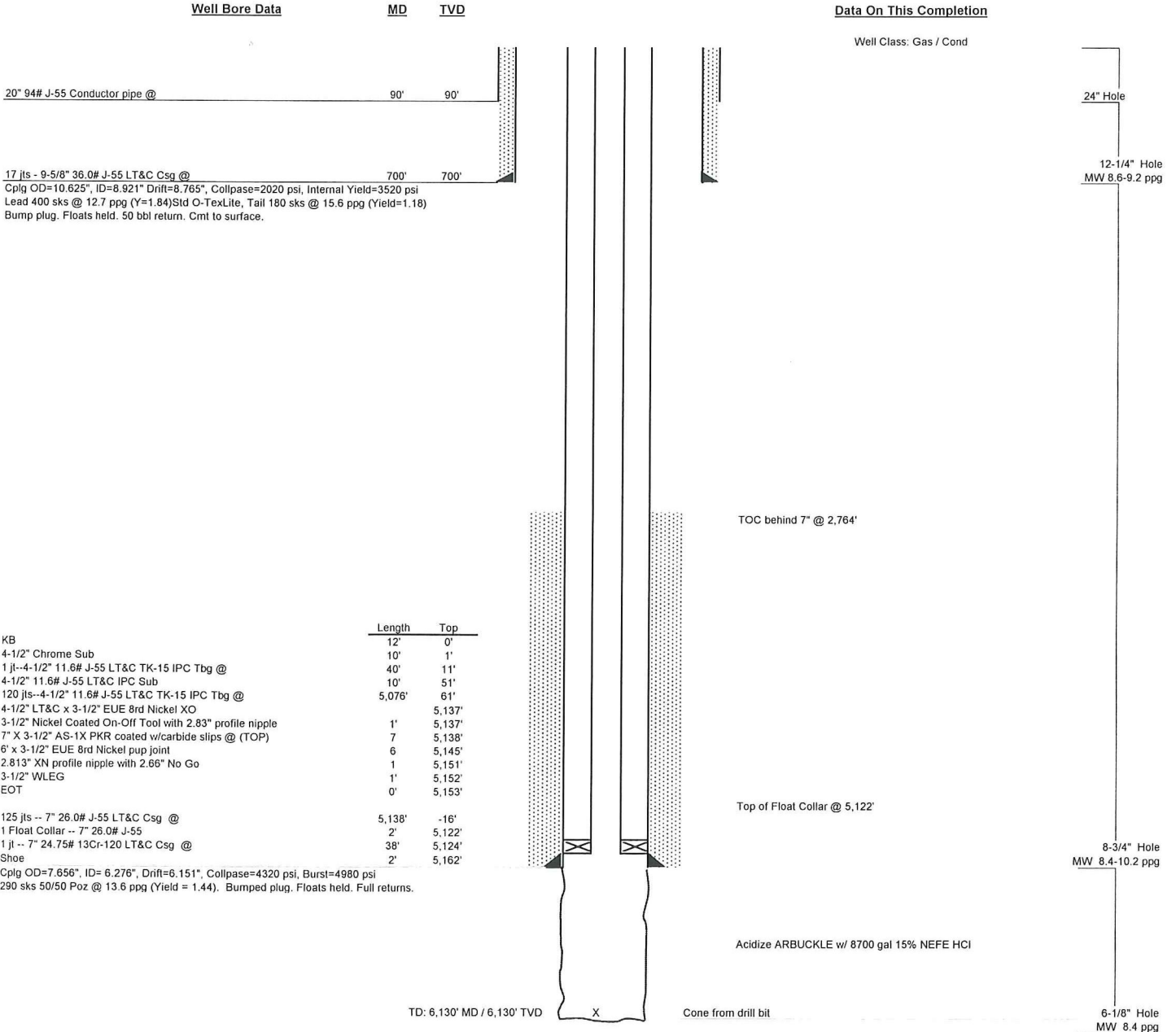
Field: Waldron West
 County: Harper
 State: Kansas
 Well: **Ethan John 1-5 SWD**
 Location: SEC 05, TWP 33S, RGE 06W
 KB: 1373
 GL: 1361

Wellbore Schematic

15-077-21798

 API NO.

Original Completion	
Current	X
Proposed	



Length	Top
KB	12' 0'
4-1/2" Chrome Sub	10' 1'
1 jl--4-1/2" 11.6# J-55 LT&C TK-15 IPC Tbg @	40' 11'
4-1/2" 11.6# J-55 LT&C IPC Sub	10' 51'
120 jls--4-1/2" 11.6# J-55 LT&C TK-15 IPC Tbg @	5,076' 61'
4-1/2" LT&C x 3-1/2" EUE 8rd Nickel XO	5,137'
3-1/2" Nickel Coated On-Off Tool with 2.83" profile nipple	1' 5,137'
7" X 3-1/2" AS-1X PKR coated w/carbide slips @ (TOP)	7' 5,138'
6' x 3-1/2" EUE 8rd Nickel pup joint	6' 5,145'
2.813" XN profile nipple with 2.66" No Go	1' 5,151'
3-1/2" WLEG	1' 5,152'
EOT	0' 5,153'
125 jls -- 7" 26.0# J-55 LT&C Csg @	5,138' -16'
1 Float Collar -- 7" 26.0# J-55	2' 5,122'
1 jl -- 7" 24.75# 13Cr-120 LT&C Csg @	38' 5,124'
Shoe	2' 5,162'