



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1076293
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

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
- Plug Back Conv. to GSW Conv. to Producer
- 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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

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

1076293

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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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

April 25, 2012

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

Re: ACO1
API 15-033-21629-01-00
Ruby 1-20H
NW/4 Sec.20-31S-19W
Comanche 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

Mid-Continent Conductor, LLC

P.O. Box 1570
Woodward, OK 73802
Phone: (580)254-5400
Fax: (580)254-3242

Invoice

Date	Invoice #
3/21/2012	1257

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
Lawrence	Net 45	3/21/2012	Ruby 1-20H, Comanche Cnty, KS	Lariat 3

Item	Quantity	Description	
Conductor Hole	110	Drilled 110 ft. conductor hole	
20" Pipe	110	Furnished 110 ft. of 20 inch conductor pipe	
Mouse Hole	80	Drilled 80 ft. of 16 inch mouse hole pipe	
16" Pipe	80	Furnished 80 ft. of 16 inch mouse hole pipe	
Cellar Hole	1	Drilled 6x6 cellar hole	
6' X 6' Tinhorn	1	Furnished and set 6x6 tinhorn	
Mud and Water	1	Furnished mud and water	
Mud, Water, & Trucking	1	Transport mud and water to location	
Grout & Trucking	12	Furnished 12 yards of grout and trucking to location	
Grout Pump	1	Furnished grout pump	
Welder & Materials	1	Furnished welder and materials	
Dirt Removal	1	Labor and equipment for dirt removal	
Cover Plate	1	Furnished cover plates	
Permits	1	Permits	
			Subtotal \$25,130.00
			Sales Tax (0.0%) \$0.00
			Total \$25,130.00

ATTENTION: IMPORTANT REGULATORY DOCUMENT
 retain for your records and file with
 appropriate agency.

HALLIBURTON

Cementing Job Summary

The Road to Excellence Starts with Safety

Sold To #: 305021	Ship To #: 2918335	Quote #:	Sales Order #: 9431714
Customer: SANDRIDGE ENERGY INC EBUSINESS		Customer Rep: McCullar, Tyler	
Well Name: Ruby	Well #: 1-20H	API/UWI #:	
Field:	City (SAP): COLDWATER	County/Parish: Comanche	State: Kansas
Contractor: LARIAT		Rig/Platform Name/Num: Lariat 3	
Job Purpose: Plug to Abandon Service			
Well Type: Development Well		Job Type: Plug to Abandon Service	
Sales Person: NGUYEN, VINH		Srvc Supervisor: LEACH, CLIFFORD	MBU ID Emp #: 475738

Job Personnel

HES Emp Name	Exp Hrs	Emp #	HES Emp Name	Exp Hrs	Emp #	HES Emp Name	Exp Hrs	Emp #
BRAY, BILLY Dale	12	396377	LEACH, CLIFFORD Alfred	12	475738	MILLS, GREGG Owen	12	451627
NEAL, MICHAEL Edward	12	483780						

Equipment

HES Unit #	Distance-1 way	HES Unit #	Distance-1 way	HES Unit #	Distance-1 way	HES Unit #	Distance-1 way

Job Hours

Date	On Location Hours	Operating Hours	Date	On Location Hours	Operating Hours	Date	On Location Hours	Operating Hours
4-12-12	12							

TOTAL Total is the sum of each column separately

Job

Job Times

Formation Name	Date	Time	Time Zone
Formation Depth (MD) Top Bottom	Called Out	11 - Apr - 2012	18:00 CST
Form Type BHST	On Location	11 - Apr - 2012	21:00 CST
Job depth MD 1000. ft Job Depth TVD	Job Started	12 - Apr - 2012	01:40 CST
Water Depth Wk Ht Above Floor	Job Completed	12 - Apr - 2012	11:45 CST
Perforation Depth (MD) From To	Departed Loc	12 - Apr - 2012	13:00 CST

Well Data

Description	New / Used	Max pressure psig	Size in	ID in	Weight lbm/ft	Thread	Grade	Top MD ft	Bottom MD ft	Top TVD ft	Bottom TVD ft
Surface Open Hole Upper				12.25					1000.		
Surface Casing	Unknown		9.625	8.921	36.		J-55		1000.		

Tools and Accessories

Type	Size	Qty	Make	Depth	Type	Size	Qty	Make	Depth	Type	Size	Qty	Make
Guide Shoe					Packer					Top Plug			
Float Shoe					Bridge Plug					Bottom Plug			
Float Collar					Retainer					SSR plug set			
Insert Float										Plug Container			
Stage Tool										Centralizers			

Miscellaneous Materials

Gelling Agt	Conc	Surfactant	Conc	Acid Type	Qty	Conc	%
Treatment Fld	Conc	Inhibitor	Conc	Sand Type	Size	Qty	

Fluid Data

Stage/Plug #: 1

Fluid #	Stage Type	Fluid Name	Qty	Qty uom	Mixing Density lbm/gal	Yield ft ³ /sk	Mix Fluid Gal/sk	Rate bbl/min	Total Mix Fluid Gal/sk
1	Water Spacer		10.00	bbl	.	.0	.0	.0	
2	Thixotropic	CMT - PREMIUM CEMENT (100003687)	150.0	sacks	14.2	1.66	7.38		7.38
	94 lbm	CMT - PREMIUM - CLASS H REG OR TYPE V, BULK (100003687)							
	4 %	BENTONITE, BULK (100003682)							
	10 %	CAL-SEAL 60, BULK (100064022)							
	1 %	CALCIUM CHLORIDE, PELLET, 50 LB (101509387)							
	10 lbm	KOL-SEAL, BULK (100064233)							
	0.25 lbm	POLY-E-FLAKE (101216940)							
	7.381 Gal	FRESH WATER							
3	STANDARD	HALCEM (TM) SYSTEM (452986)	125.0	sacks	15.6	1.18	5.25		5.25
	5.245 Gal	FRESH WATER							

Calculated Values		Pressures		Volumes					
Displacement		Shut In: Instant		Lost Returns		Cement Slurry		Pad	
Top Of Cement		5 Min		Cement Returns		Actual Displacement		Treatment	
Frac Gradient		15 Min		Spacers		Load and Breakdown		Total Job	

Rates

Circulating		Mixing		Displacement		Avg. Job	
Cement Left In Pipe	Amount	0 ft	Reason	Shoe Joint			
Frac Ring # 1 @	ID	Frac ring # 2 @	ID	Frac Ring # 3 @	ID	Frac Ring # 4 @	ID

The Information Stated Herein Is Correct

Customer Representative Signature



The Road to Excellence Starts with Safety

Sold To #: 305021	Ship To #: 2918335	Quote #:	Sales Order #: 9431714
Customer: SANDRIDGE ENERGY INC EBUSINESS		Customer Rep: McCullar, Tyler	
Well Name: Ruby	Well #: 1-20H	API/UWI #:	
Field:	City (SAP): COLDWATER	County/Parish: Comanche	State: Kansas
Legal Description:			
Lat:		Long:	
Contractor: LARIAT		Rig/Platform Name/Num: Lariat 3	
Job Purpose: Plug to Abandon Service			Ticket Amount:
Well Type: Development Well		Job Type: Plug to Abandon Service	
Sales Person: NGUYEN, VINH		Srvc Supervisor: LEACH, CLIFFORD	MBU ID Emp #: 475738

Activity Description	Date/Time	Cht #	Rate bbl/min	Volume bbl		Pressure psig		Comments
				Stage	Total	Tubing	Casing	
Call Out	04/11/2012 18:00							
Depart Yard Safety Meeting	04/11/2012 18:45							HES HANDS
Depart from Service Center or Other Site	04/11/2012 19:00							
Arrive At Loc	04/11/2012 21:00							GOT NUMBERS FROM CO MAN
Assessment Of Location Safety Meeting	04/11/2012 21:15							HES HANDS
Rig-Up Equipment	04/11/2012 21:30							
Standby Rig	04/11/2012 22:30							WOC
Pre-Job Safety Meeting	04/12/2012 01:30							RIG HANDS AND HES HANDS
Pressure Test	04/12/2012 01:40							1500
Pump Spacer	04/12/2012 01:44		2	10			20.0	H2O
Pump Cement	04/12/2012 01:52		3	22	32		20.0	THIXOTROPIC @14.2#
Pump Displacement	04/12/2012 02:02		2	3	35		20.0	H2O
Clean Lines	04/12/2012 02:10							
Wait on Orders - Start Time	04/12/2012 02:11							WAIT 3 HRS SEE IF THEY CAN TAG CMT
Pre-Job Safety Meeting	04/12/2012 05:45							RIG HANDS AND HES HANDS
Pump Spacer	04/12/2012 06:05		2	10	45		20.0	H2O
Pump Cement	04/12/2012 06:10		3	22	67		30.0	THIXOTROPIC @14.2#
Pump Displacement	04/12/2012 06:21		2	3	70		20.0	H2O

Activity Description	Date/Time	Cht #	Rate bbl/min	Volume bbl		Pressure psig		Comments
				Stage	Total	Tubing	Casing	
Clean Lines	04/12/2012 06:30							
Wait on Orders - Start Time	04/12/2012 06:40							WAIT 1 HOUR TAG CMT AND RIG UP WIRE LINE
Pump Cement	04/12/2012 11:00		3	21	91		20.0	HALCEM @15.6#
Clean Lines	04/12/2012 11:45							
Post-Job Safety Meeting (Pre Rig-Down)	04/12/2012 11:50							HES HANDS
Rig-Down Equipment	04/12/2012 12:00							
Depart Location Safety Meeting	04/12/2012 12:45							HES HANDS
Depart Location for Service Center or Other Site	04/12/2012 13:00							

Section 18
31S 19W

Section 17
31S 19W

Section 16
31S 19W

145'

RUBY 1-20H

660'

Section 19
31S 19W

Section 20
31S 19W

Section 21
31S 19W

Section 30
31S 19W

Section 29
31S 19W

Section 28
31S 19W



Surface-Hole Location of Ruby 1-20H
Comanche County, Kansas
T&R: 31S 19W
Section: 20,
Long/Lat: -99.416088 37.337513
1 in = 833 ft



● SHL

* SandRidge Wells

□ Perf

□ Sections



Draftsman:

Aaron Birk

Draft Date: 5/1/2012

Drawing Name/Number:

Addendum_Ruby_1-20H.mxd

Coordinate System:

NAD 1927 State Plane
Kansas South FIPS: 1502



123 Robert S. Kerr Ave.
Oklahoma City, OK 73102

Survey

RUBY 1-20H

Step #1 - Create a Deviation Survey Step
 #2 - Attach the survey "Description" to the Wellbore - Deviation Survey

Wellbores - Step #2

Actual Deviation Survey	Wellbore Name
	Original Hole

Deviation Surveys - Step #1

Description	Date	VS Dir (°)	Comment
	3/30/2012		

Tie-in Data

Azimuth North Type	Convergence (°)	Declination (°)	MD Tie In (ftKB)	Azimuth Tie In (°)	Inclination Tie In (°)	TVDTie In (ftKB)	NSTie In (ft)	EWTie In (ft)

Survey Data

MD (ftKB)	Incl (°)	Azm (°)	Survey Company	Method	TVD (ftKB)	VS (ft)	NS (ft)	EW (ft)	DLS (°/100ft)
252	0.4		SandRidge Energy	Magn SS					
655	1.4		SandRidge Energy	Magn SS					
970	0.8		SandRidge Energy	Magn SS					

Logo

Attachment successfully uploaded.

Back to Well Completion

Ruby 1-20H (1076293)

Actions	Attachments	
View PDF	Two Year Confidentiality OPERATOR	View PDF Delete
Delete	Cement Reports OPERATOR	View PDF Delete
Edit	As Drilled Plat OPERATOR	View PDF Delete
Certify & Submit	Directional Survey OPERATOR	View PDF Delete
Request Confidentiality	<input type="button" value="Add Attachment"/>	

Remarks	
Remarks to KCC	
<input type="button" value="Add Remark"/>	

Remarks	
Tiffany Golay 05/01/012 10:40 am	Ruby 1-20H experienced problems during drilling. Skid Rig. P&A
Tiffany Golay 04/26/012 08:19 am	Conductor: weight= 94 lbs/ft; 12 yards of 8 sack grout were used.