



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1078423
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: _____

1078423

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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> <i>(Submit ACO-4)</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 10, 2012

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

Re: ACO1
API 15-033-21626-00-00
Yankee SWD 1-27
SW/4 Sec.27-33S-17W
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

Invoice

Date	Invoice #
2/26/2012	1230

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
Jason	Net 60	2/26/2012	Yankee 1-27 SWD, Comanche Cnty, ...	Tomcat 2

Item	Quantity	Description	
Conductor Hole	70	Drilled 70 ft. conductor hole	
20" Pipe	70	Furnished 70 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	8	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 \$14,590.00
			Sales Tax (0.0%) \$0.00
			Total \$14,590.00

JOB SUMMARY			PROJECT NUMBER SOK1275	TICKET DATE 03/08/12
COUNTY Commanche	State Kansas	COMPANY Sandridge Exp and Production	CUSTOMER REP Earl Sullivan	
LEASE NAME Yankee SWD	Well No. 1-27	JOB TYPE Surface	EMPLOYEE NAME Matt Wilson	

EMP NAME	Matt Wilson	David Thomas			
	Jayson Pierce	Michael Bajo			
	David Settmyer				
	Thomas Walker				

Form. Name _____ Type: _____
 Packer Type _____ Set At **0**
 Bottom Hole Temp. **80** Pressure _____
 Retainer Depth _____ Total Depth **799**

Date	Called Out 3/7/1012	On Location 3/8/2012	Job Started 3/8/2012	Job Completed 3/9/2012
Time	10:00 pm	3:00 am	7:23 am	2:00 am

Type and Size	Qty	Make
Auto Fill Tube	0	IR
Insert Float Va	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

	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing		36.0	9 5/8		Surface	618	
Liner							
Liner							
Tubing			0				
Drill Pipe							
Open Hole			12 1/4		Surface	618	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 _____

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
3/8	19.0	3/8	4.0	Surface
3/9	2.0			
Total		21.0	4.0	

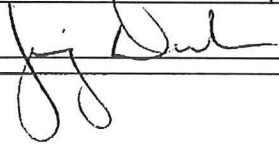
Pressures	
MAX 8	AVG. 100
Average Rates in BPM	
MAX 1500	AVG 3
Cement Left in Pipe	
Feet 42	Reason shoe joint

Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	300	O-Tex Lite Standard	(6%Gel) 2% Calcium Chloride - 1/4 lb/sk Cellflake - 0.5% C-41P - 6 lb/sk	9.88	1.93	12.70
2	180	Standard	2% Calcium Chloride - 1/4 lb/sk Celloflake - 6 lb/sk Kolsel	4.87	1.22	15.60
3	100	Standard	2% Calcium Chloride on the side	5.20	1.18	15.60

Summary

Preflush Breakdown _____ Type: _____
 Preflush: BBI **10.00** Type: H2O
 Load & Bkdn: Gal - BBI _____ Pad: Bbl - Gal _____
 Excess /Return BBI _____ Calc. Disp Bbl **44**
 Calc. TOC: _____ surface Actual Disp. **44.00**
 Final Circ. PSI **130** Disp: Bbl _____
 Cement Slurry BBI **142.0**
 Total Volume BBI **196.00**

Average ISIP _____ 5 Min. _____ 10 Min. _____ 15 Min. _____

CUSTOMER REPRESENTATIVE  SIGNATURE

JOB SUMMARY			PROJECT NUMBER SOK1299	TICKET DATE 03/15/12
COUNTY Commanche	State Kansas	COMPANY Landridge Exp and Productio	CUSTOMER REP Earl Sullivan	
LEASE NAME Yankee SWD	Well No. 1-27	JOB TYPE Intermediate	EMPLOYEE NAME L.Arney	

EMP NAME	LOUIS ARNEY				
	JASON JONES				
	MARCOS QUINTANA				
	CHARYLE NEWTON				

Form. Name _____ Type: _____
 Packer Type _____ Set At **0**
 Bottom Hole Temp. **0** Pressure _____
 Retainer Depth _____ Total Depth **6043**

Date	Called Out 3/15/2012	On Location 3/15/2012	Job Started 3/15/2012	Job Completed 3/15/2012
Time	13:00	18:30	21:06	22:17

Type and Size	Qty	Make
Auto Fill Tube	0	IR
Insert Float Val	0	IR
Centralizers	0	IR
Top Plug	0	IR
HEAD	0	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		26.0	7		Surface		
Liner							
Liner							
Tubing			0				
Drill Pipe							
Open Hole			8 3/4		Surface	6,043	Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials			
Mud Type	WBM	Density	9 Lb/Gal
Disp. Fluid	H2O	Density	8.33 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	

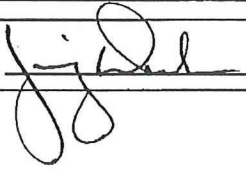
Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
3/15	5.0	3/15	1.2	Intermediate
Total	5.0	Total	1.2	

Perfpac Balls _____ Qty. _____
 Other _____
 Other _____
 Other _____
 Other _____

Pressures			
MAX	5000	AVG	500
Average Rates in BPM			
MAX	8	AVG	5
Cement Left in Pipe			
Feet	81'	Reason	SHOE JOINT

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	140	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	175	Premium	0.4% C-12 - 0.1% C-37	5.20	1.18	15.60
3	0	0		0.00	0.00	0.00

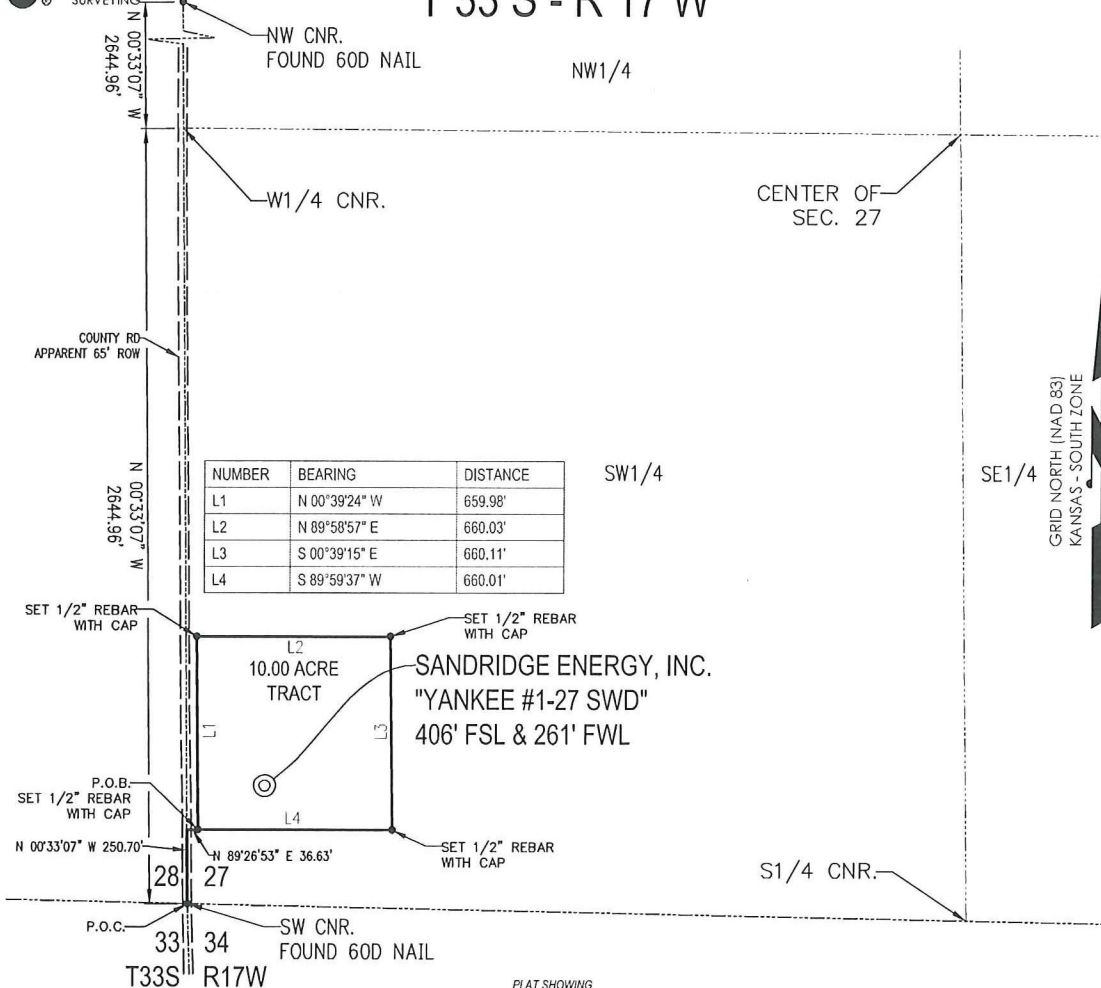
Summary					
Preflush	10	Type:	CAUSTIC H2O	Preflush:	BBI 20.00 Type: H2O
Breakdown		MAXIMUM		Load & Bkdn:	Gal - BBI 0 Pad:Bbl -Gal
		Lost Returns-N	NO / FULL	Excess /Return	BBI 0 Calc.Disp Bbl
		Actual TOC		Calc. TOC:	4,213 Actual Disp. 234.30
Average		Frac. Gradient		Treatment:	Gal - BBI
ISIP	5 Min.	10 Min.	15 Min.	Cement Slurry:	BBI 72.7 Disp:Bbl
				Total Volume	BBI 327.00

CUSTOMER REPRESENTATIVE  SIGNATURE



Crafton Tull
 SURVEYING

T 33 S - R 17 W



NUMBER	BEARING	DISTANCE
L1	N 00°39'24" W	659.98'
L2	N 89°58'57" E	660.03'
L3	S 00°39'15" E	660.11'
L4	S 89°59'37" W	660.01'



PLAT SHOWING
**10.00 ACRE TRACT OF LAND IN THE
 SW1/4 OF SECTION 27, T33S-R17W,
 COMANCHE COUNTY, KANSAS**

METES AND BOUNDS DESCRIPTION (10.00 ACRE TRACT)

PART OF THE SW1/4 OF SECTION 27, TOWNSHIP 33 SOUTH, RANGE 17 WEST, COMANCHE COUNTY, KANSAS,
 MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE SW CORNER OF SAID SECTION 27;
 THENCE N 00°33'07" W ALONG THE WEST LINE OF SAID SECTION 27, A DISTANCE OF 250.70 FEET;
 THENCE N 89°26'53" E, A DISTANCE OF 36.63 FEET TO THE POINT OF BEGINNING;
 THENCE N 00°39'24" W, A DISTANCE OF 659.98 FEET;
 THENCE N 89°58'57" E, A DISTANCE OF 660.03 FEET;
 THENCE S 00°39'15" E, A DISTANCE OF 660.11 FEET;
 THENCE S 89°59'37" W, A DISTANCE OF 660.01 FEET TO THE POINT OF BEGINNING.

SAID TRACT CONTAINING 10.00 ACRES MORE OR LESS OF LAND AS SURVEYED.

THE COORDINATES ARE BASED ON NAD83 STATE PLANE COORDINATE SYSTEM AS PROCESSED BY OPUS USING THESE STATIONS: DK6487 ICT1 WICHITA ICT1 CORS ARP, DK6489 ICT2 WICHITA ICT2 CORS ARP, & AF9518 LMNO LAMONT CORS ARP ON THE DATE OF 01-05-2012

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.

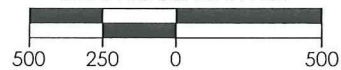
1/19/2012

GENERAL NOTES:

THE TIES AND FOOTAGES 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.



GRAPHIC SCALE IN FEET



REVISION	SandRidge		
	"YANKEE #1-27 SWD" PART OF THE SW1/4 OF SECTION 27, T-33-S, R-17-W PROPOSED DRILL SITE COMANCHE COUNTY, KANSAS		
	SCALE: 1" = 500'	DRAWN BY: S.ANDER	SHEET NO.: 1 OF 1
	PLOT DATE: 01-19-2012		

Logo

Back to Well Completion

Yankee SWD 1-27 (1078423)

Actions

View PDF
Delete
Edit
Certify & Submit
Request Confidentiality

Attachments

Two Year Confidentiality OPERATOR	View PDF Delete
Cement Reports OPERATOR	View PDF Delete
Plat OPERATOR	View PDF Delete

Add Attachment

Remarks

Remarks to KCC

Add Remark

Remarks

Tiffany Golay 04/10/012 01:49 pm	For Conductor: 8 yards of grout were used and weight- 106.5 lbs/ft
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