



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1081275
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: _____

1081275

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> <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

May 15, 2012

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

Re: ACO1
API 15-007-23800-00-00
Stephanie 2-3 SWD
SE/4 Sec.03-35S-10W
Barber County, Kansas

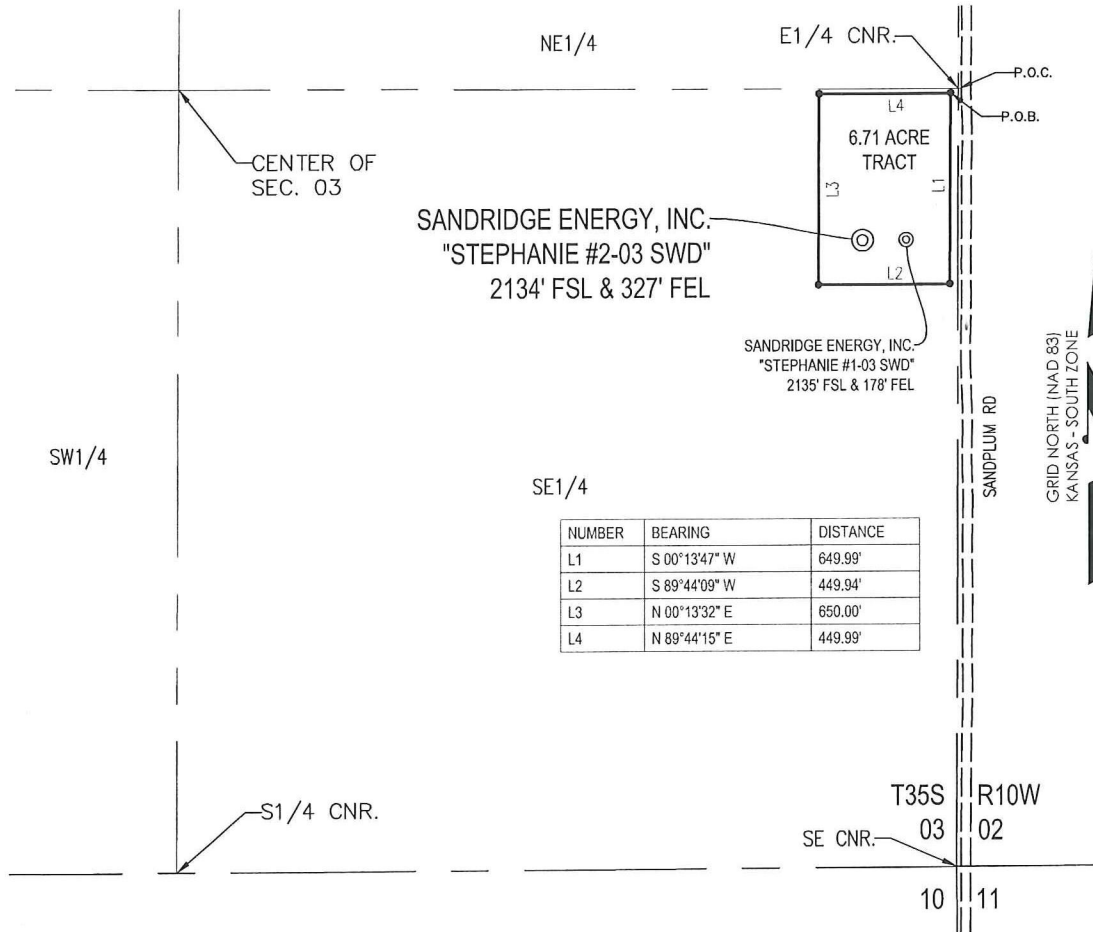
Dear Production Department:

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

T 35 S - R 10 W



PLAT SHOWING
**6.71 ACRE TRACT OF LAND IN THE
 SE1/4 OF SECTION 03, T35S-R10W,
 BARBER COUNTY, KANSAS**

METES AND BOUNDS DESCRIPTION (6.71 ACRE TRACT)

PART OF THE SE1/4 OF SECTION 03, TOWNSHIP 35 SOUTH, RANGE 10 WEST, BARBER COUNTY, KANSAS, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE E1/4 CORNER OF SAID SECTION 03;
 THENCE S 00°14'11" W ALONG THE EAST LINE OF SAID SECTION 03, A DISTANCE OF 14.19 FEET;
 THENCE N 89°45'49" W, A DISTANCE OF 26.66 FEET TO THE POINT OF BEGINNING;
 THENCE S 00°13'47" W, A DISTANCE OF 649.99 FEET;
 THENCE S 89°44'09" W, A DISTANCE OF 449.94 FEET;
 THENCE N 00°13'32" E, A DISTANCE OF 650.00 FEET;
 THENCE N 89°44'15" E, A DISTANCE OF 449.99 FEET TO THE POINT OF BEGINNING.

SAID TRACT CONTAINING 6.71 ACRES OF LAND AS SURVEYED.

SURVEYOR'S CERTIFICATE:

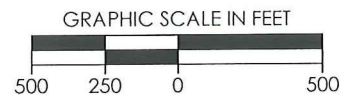
I, C. ED GRAY, KANSAS LICENSED PROFESSIONAL LAND SURVEYOR, NO. 1404, DO HEREBY CERTIFY THAT THIS PLAT REPRESENTS THE RESULTS OF A SURVEY MADE ON THE GROUND UNDER MY SUPERVISION.

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.



8/8/2011



REVISION	SandRidge		
	"STEPHANIE #2-03 SWD" PART OF THE SE1/4 OF SECTION 03, T-35-S, R-10-W PROPOSED DRILL SITE BARBER COUNTY, KANSAS		
	SCALE: 1" = 500'	DRAWN BY: S.ANDER	SHEET NO.: 1 OF 1
	PLOT DATE: 08-08-2011		

Mid-Continent Conductor, LLC

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

Invoice

Date	Invoice #
5/7/2012	1318

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
	Net 45	5/7/2012	Stephanie 2-3 SWD, Barber Cnty, KS	Tomcat 2

Item	Quantity	Description
Grout & Trucking	1	Furnished grout and trucking to location to plug rat hole and mouse hole
		Subtotal \$2,500.00
		Sales Tax (0.0%) \$0.00
		Total \$2,500.00

JOB SUMMARY			PROJECT NUMBER SOK1420	TICKET DATE 04/27/12
COUNTY Barber	State Kansas	COMPANY Bridge Exploration & Produc	CUSTOMER REP Martin Brito	
LEASE NAME Stephanie SWD	Well No. 2-3	JOB TYPE Surface	EMPLOYEE NAME Robert Burris	

EMP NAME					
Robert Burris		0			
Arthur Setzar					
Jared Green					
Rocky Anthis					

Form. Name _____ Type: _____
Packer Type _____ Set At 0
Bottom Hole Temp. 80 Pressure _____
Retainer Depth _____ Total Depth 1,000'

Date	Called Out 4/26/2012	On Location 4/26/2012	Job Started 4/27/2012	Job Completed 4/27/2012
Time	21:00	23:00	07:20	09:45

Tools and Accessories		
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		36#	9 5/8"		Surface	965	1,500
Liner							
Liner							
Tubing			0				
Drill Pipe							
Open Hole			12 1/4"		Surface	965	Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials			
	WBM	Density	Lb/Gal
Mud Type		9	
Disp. Fluid	Fresh Water	8.33	
Spacer type	fresh Water BBL.	10	8.33
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					
4/26	12.0	4/27	3.0	Surface				
Total	12.0	Total	3.0					

Pressures			
MAX	1,500 PSI	AVG.	180
Average Rates in BPM			
MAX	6 BPM	AVG	5
Cement Left in Pipe			
Feet	44	Reason	SHOE JOINT

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	370	O-TEX Lite Standard	(6% Gel) 2% Calcium Chloride - 1/4pps Cello-Flake - .5% C-41P	10.88	1.84	12.70
2	160	Standard	2% Calcium Chloride - 1/4pps Cello-Flake	5.20	1.18	15.60
3	100	Standard	2% Calcium Chloride on side to use if necessary	5.20	1.18	15.60

Summary								
Preflush		Type:	Fresh Water	Preflush:	BBI	10.00	Type:	Fresh Water
Breakdown		MAXIMUM	1,500 PSI	Load & Bkdn:	Gal - BBI	N/A	Pad:Bbl -Gal	N/A
		Lost Returns-N	NO/FULL	Excess /Return	BBI	32	Calc.Disp Bbl	71
		Actual TOC	SURFACE	Calc. TOC:		SURFACE	Actual Disp.	69.00
Average		Bump Plug PSI:	970	Final Circ.	PSI:	450	Disp:Bbl	
isip	5 Min.	10 Min	15 Min	Cement Slurry:	BBI	155.0		
				Total Volume	BBI	234.00		

CUSTOMER REPRESENTATIVE _____ SIGNATURE _____

JOB SUMMARY			PROJECT NUMBER SOK1435	TICKET DATE 05/03/12
COUNTY BABER	State KANSAS	COMPANY Bridge Exploration & Produc	CUSTOMER REP MARTIN BRITO	
LEASE NAME STEPHANIE SWD	Well No. 2-3	JOB TYPE Intermediate	EMPLOYEE NAME CB Spracklen	

EMP NAME					
Charles Spracklen		0			
Bryan Douglas					
Emmit Brock					
Robert Stonehocker					

Form. Name _____ Type: _____

Packer Type _____ Set At **0**

Bottom Hole Temp. **155** Pressure _____

Retainer Depth _____ Total Depth **5,595'**

Date	Called Out 5/2/2012	On Location 5/2/2012	Job Started 5/2/2012	Job Completed 5/3/2012
Time	12:00	18:00	23:00	00:10

Tools and Accessories		
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#	7"		Surface	5,572	5,000
Liner							
Liner							
Tubing			0				
Drill Pipe							
Open Hole			8 3/4"		Surface	5,595'	Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials			
Mud Type	WBM	Density	9 Lb/Gal
Disp. Fluid	Fresh Water	Density	8.33 Lb/Gal
Spacer type	resh Water BBL.		20 8.33
Spacer type	Caustic BBL.		10 8.40
Acid Type	Gal.		%
Acid Type	Gal.		%
Surfactant	Gal.		ln
NE Agent	Gal.		ln
Fluid Loss	Gal/Lb		ln
Gelling Agent	Gal/Lb		ln
Fric. Red.	Gal/Lb		ln
MISC.	Gal/Lb		ln

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
5/2		5/3		Intermediate
Total	0.0	Total	0.0	

Perfpac Balls _____ Qty. _____

Other _____

Other _____

Other _____

Other _____

Other _____

Pressures			
MAX	1500	AVG.	
Average Rates in BPM			
MAX	7	AVG	5
Cement Left in Pipe			
Feet	82	Reason	SHOE JOINT

Cement Data							
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal	
1	135sx	60/60 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	190sx	Premium	0.4% C-12 - 0.1% C-37	5.20	1.18	15.60	
3	0	0		0	0.00	0.00	

Summary								
Preflush	10	Type:	Caustic	Preflush:	BBI	20.00	Type:	Fresh Water
Breakdown		MAXIMUM	5,000 PSI	Load & Bkdn:	Gal - BBI	N/A	Pad:Bbl -Gal	N/A
		Lost Returns-N	NO/FULL	Excess /Return	BBI	N/A	Calc. Disp Bbl	210
		Actual TOC	4,600'	Calc. TOC:		4,600'	Actual Disp.	210.00
Average		Bump Plug PSI:		Final Circ.	PSI:	1,150	Disp:Bbl	
ISIP	5 Min.	10 Min.	15 Min.	Cement Slurry:	BBI	75.0		
				Total Volume	BBI	305.00		

CUSTOMER REPRESENTATIVE _____ SIGNATURE _____

Logo

Back to Well Completion

Stephanie 2-3 SWD (1081275)

Actions

View PDF
Delete
Edit
Certify & Submit
Request Confidentiality

Attachments

Two Year Confidentiality OPERATOR	View PDF Delete
As Drilled Plat OPERATOR	View PDF Delete
<input type="button" value="Add Attachment"/>	

Remarks

Remarks to KCC	
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Remarks

Tiffany Golay 05/22/012 02:19 pm	Conductor weight= 94 lbs/ft and 12 yards of grout were used in cementing
Tiffany Golay 05/15/012 04:04 pm	Additional Drilling Fluid Mgmt Information: 300 bbls sent to disposal well of Richard Gray Mud Disposal, License No. 32300, Sec 15-T24S-R7W in Garfield County, OK. 2960 bbls hauled to disposal of LoJo Disposal, License No. 563714, Sec 10-T26N-R15W, Woods County, OK