



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1086876
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: _____

1086876

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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Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Salt 3419 1-4 SWD
Doc ID	1086876

Tops

Name	Top	Datum
Base Anhydrite	2546	
Base Heenber Shales	4408	
Lansing Limestones	4606	
Cherokee Shale Marker	5259	
Mississippi Unconformity	5425	
Kinderhook Shale	6194	
Viola Limestone/Dolostone	6203	
Simpson Group	6399	
Arbuckle Group	6577	

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

July 10, 2012

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

Re: ACO1
API 15-033-21640-00-00
Salt 3419 1-4 SWD
NE/4 Sec.04-34S-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,
Wanda Ledbetter

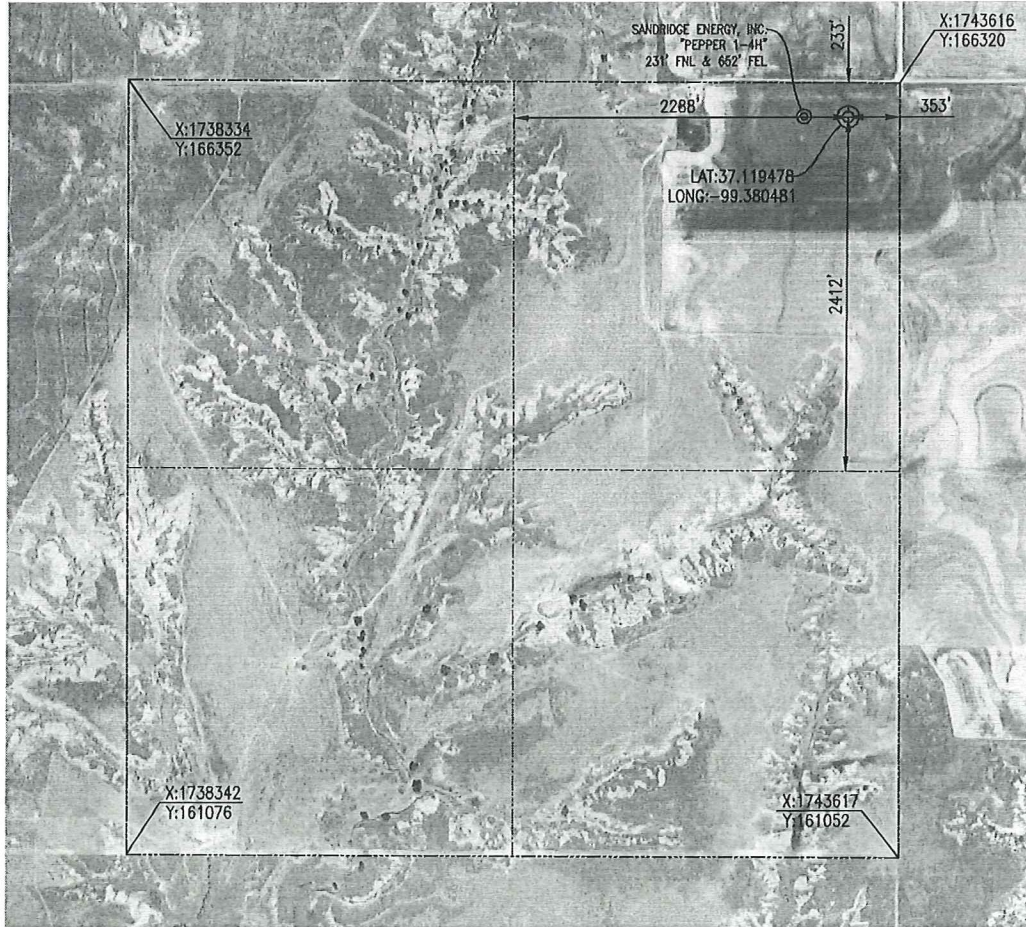
170 Commerce Road, Building 201
 Conway, Arkansas 72032
 501.328.3316 f 501.328.3325 f
 www.craftontull.com



Crafton Tull
 SURVEYING

COMANCHE COUNTY, KANSAS

233' FNL- 353' FEL SECTION 04 TOWNSHIP 34S RANGE 19W 6TH P.M.



THE COORDINATES ARE BASED ON NAD83 STATE PLANE COORDINATE SYSTEM US SURVEY FOOT AS PROCESSED BY OPUS USING THESE STATIONS: D166487 ICT1 WICHITA ICT1 CORRS ARP, D166489 ICT2 WICHITA ICT2 CORRS ARP, & A19518 LIMNO LIMONT CORRS ARP

OPERATOR: SANDRIDGE ENERGY, INC.
 LEASE NAME: SALT SWD

WELL NO: 3419 1-4

ELEVATION:
 1992' GR. AT STAKE

TOPOGRAPHIC & VEGETATION: LOCATION FELL IN A FIELD

GOOD DRILL SITE: YES REFERENCE STAKES OR ALTERNATE LOCATION STAKES SET: NONE

BEST ACCESSIBILITY TO LOCATION: NORTH LINE

DISTANCE & DIRECTION
 FROM HWY JCT OR TOWN: FROM THE JCT. OF US-183 & KS-1, TRAVEL SOUTH ON KS-1 FOR ±4.0 MILES, TURN RIGHT (WEST) ON AVE R & TRAVEL ±1.0 MILE, TURN LEFT (SOUTH) ON RD 12 & TRAVEL ±1.0 MILE, TURN RIGHT (WEST) ON AVE S & TRAVEL ±2.0 MILES TO THE NE CORNER OF S04, T34S-R19W.

(THE FOLLOWING INFORMATION WAS GATHERED USING A GPS RECEIVER ACCURACY ±2.3 METERS)

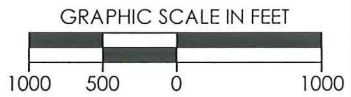
GPS DATUM: NAD-27
 LAT: 37.119478
 LONG: -99.380481

STATE PLANE COORDINATES:
 ZONE: KS-SOUTH
 X: 1743263.224
 Y: 166089.623

DATE STAKED: 04-19-2012



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.



REVISION	SandRidge		
	"SALT SWD 3419 1-4" PART OF THE NE 1/4 OF SECTION 04, T-34-S, R-19-W PROPOSED DRILL SITE COMANCHE COUNTY, KANSAS		
	SCALE: 1" = 1000'	PLOT DATE: 05-08-2012	DRAWN BY: S.ANDER
		SHEET NO.: 2	OF 3

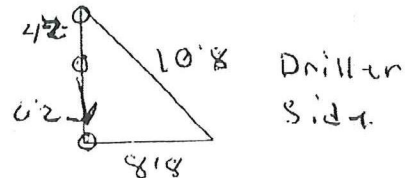
RAT HOLE DRILLING REPORT

Driller Miller
 Pusher Travis
 Helper _____
 Helper _____

Rig # 3
 Date Start 5-24-12
 Date Comp 5-24-12

Company Sandridge
 Lease Name Salt # 3419-1-4 SWD
 City Coldwater MS
 County Comanche
 State _____

Drill Rig Tomcat



Directions From Wood Church & Hwy 1
1-W 1-N CRD 12 to CRD 24 S W 2 S into

	Depth	X	Diameter
Conductor			
Hole	<u>40'</u>	X	<u>30"</u>
Pipe	<u>80'</u>	X	<u>20"</u>
Rat			
Hole	<u>30' 20'</u>	X	<u>20"</u>
Casing	<u>30"</u>	X	<u>Shuck</u>
Mouse			
Hole	<u>20'</u>	X	<u>20"</u>
Casing	<u>20'</u>	X	<u>Shuck</u>
Cellar			
Tin Horn	<u>6x6</u>	X	<u>6x6</u>

Drilling Conditions:

0-2' Sand mix
6'-45' clay
45'-60' Sand mix
60'-80' clay
RS minimum 120'

CEMENT

Yards: 8 Type: _____ Furnished by: _____

Pumped:	Yes	<u>NO</u>	Furnished by: _____	# trucks _____
Mud Truck:	Yes	<u>NO</u>	Furnished by: _____	# trucks _____
Water Truck:	Yes	<u>NO</u>	Furnished by: _____	# trucks _____
Vac Truck:	Yes	<u>NO</u>	Furnished by: _____	# trucks _____

HOLE COVERS: Main # _____ M/R # _____ OLD NEW NONE

Express Energy Services
Rat Hole Services

Rat Hole - Job Sheet

Date Called: 5-23-12 Time Wanted: 5-24-12

Move Date: 5-27-12 When Loc Ready: 5-29-12

Co.: Sandridge

By: Jason Harrison Phone No.: _____

Rig No.: lowcost #

Face Rig: East

Rat Hole: 38' stuck

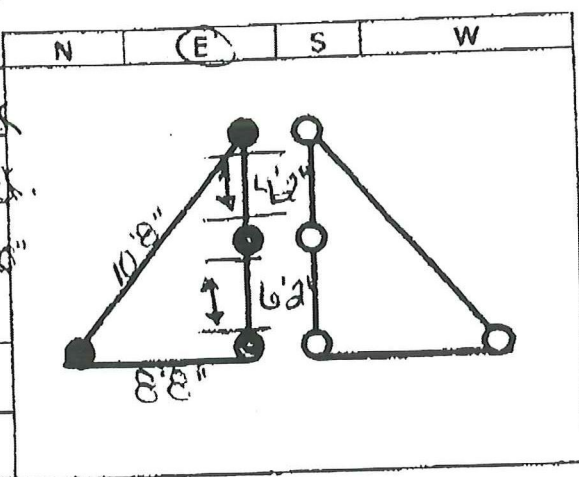
Mouse Hole: 20' stuck

Conductor Pipe: 60' 80' w/ 20"

Wall Thickness: .250

Cellar: 6x6

Tin Horn: 6x6



Lease Name: Salt # 3419-1-45WD

Well Number: _____

GPS Coordinates: sec. 4-345-19W Comanche Co. Kansas

Directions: From the wood church on Hwy 1
go west 1/2 mile North on CR 12, 2 1/2 miles on Hwy. 5
& south into

Special Instructions: _____

Crew: Mike

If the printed format of this document does not display approval signatures or initials, the document is uncontrolled. Current revision level can be determined through the Express Energy Services system or another controlled source.

Rewis Colkins

**EXPRESS ENERGY SERVICES.
INVOICE PRICE SHEET**

Job Ticket # 44

Date: 24-May

Company Name: Sandridge
 Lease Name: Salt # 3419 1-4 H
 Legal Description: sec. 4 - 34 S - 19 W
 City / County / State: Coldwater / Comanche / Kansas
 Company Rep: Jason Harrison
 Drilling Rig: Tomcat # 3

Drill Conductor Hole - RHD-029	80 ft of	30 inch hole	@	\$55.00	per ft	=	\$4,400.00	
Conductor Pipe - RSM-104	80 ft of	20 inch	@	\$45.00	per ft	=	\$3,600.00 Tx	
Drill Rat Hole RHD-034	30 ft of	20 inch hole	@	\$30.00	per ft	=	900.00	
Rat Hole Casing - RSM-108	30 ft of	15 inch	@	\$20.00	per ft	=	600.00 Tx	
Drill Mouse Hole - RHD-032	20 ft of	20 inch hole	@	\$30.00	per ft	=	600.00	
Mouse Hole Casing - RSM-102	20 ft of	15 inch	@	\$20.00	per ft	=	400.00 Tx	
Drill Cellar - RHD-022	6 ft of	76 inch hole	@	\$100.00	per ft	=	600.00	
Cellar - RSM-112	6 ft of	72 inch	@	\$125.00	per ft	=	750.00 Tx	
Rock Time								
Dirt Removal - RSP-300								100.00
Place Conductor Pipe - RHD-012								1500.00
Place Cellar - RHD-014								750.00
Place Shucks - RHD-014 RHD-014								750.00
Weld Pipe - RSI-105								500.00
Cover Plates for pipe - RSM-120	1	@	150	each			150.00 Tx	
Cement Hauling - RSI-113								250.00
Grout RSM-110	9	yds	@	200	per yd		1800.00 Tx	
Cement Pumping								
2" nipple & ballvalve	@	250	each				0.00	
Mud Disposal								
Backhoe Services								
TOTAL SERVICES								

TOTAL TAXABLE MATERIALS

State Sales Tax	0.0000%	\$0.00
County Sales Tax	0.0000%	\$0.00

17,650

JOB SUMMARY			PROJECT NUMBER SOK1557	TICKET DATE 06/18/12
COUNTY Commanche	State KANSAS	COMPANY Sandridge Exploration & Production	CUSTOMER REP RICKY ROBIES	
LEASE NAME SALT 3419 SWD	Well No. 1-4	JOB TYPE Intermediate	EMPLOYEE NAME NATHAN COTTA	

EMP NAME					
MIKE CHALFANT	0				
JASON JONES					
DAVID JENNINGS					
0.00					

Form. Name _____ Type: _____
 Packer Type _____ Set At _____
 Bottom Hole Temp. **155** Pressure _____
 Retainer Depth _____ Total Depth **6,657'**

Date	Called Out 6/7/2012	On Location 6/7/2012	Job Started 6/8/2012	Job Completed 6/8/2012
Time	1100	1700	418	0600

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

	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	New	26#	7"		Surface	6,765	5,000
Liner							
Liner							
Tubing			0				
Drill Pipe							
Open Hole			8 3/4"		Surface	6,657'	Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials			
Mud Type	WBM	Density	9 Lb/Gal
Disp. Fluid	Fresh Water	Density	8.33 Lb/Gal
Spacer type	Fresh Water BBL.		20 8.33
Spacer type	Caustic BBL.		10 8.40
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			
Other			

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
6/7	14.0	6/8	2.0	Intermediate
Total	14.0	Total	2.0	

MAX 4000		AVG 500	
Average Rates in BPM			
MAX 8 BPM		AVG 4	
Cement Left in Pipe			
Feet		Reason SHOE JOINT	

Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	300	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	100	Premium	0.4% C-12 - 0.1% C-37	6.20	1.18	15.60
3	0	0		0	0.00	0.00

Summary			
Preflush Breakdown	10	Type: Caustic	Preflush: BBI 20.00 Type: WEIGHTED SP.
		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
		Actual TOC	Calc. TOC: _____ Actual Disp. _____
Average		Bump Plug PSI: _____	Final Circ. PSI: _____
5 Min.	10 Min.	15 Min.	Cement Slurry: BBI _____
			Total Volume BBI 20.00

CUSTOMER REPRESENTATIVE *[Signature]* SIGNATURE