



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1091264
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: _____



1091264

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
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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> _____	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
Thomas E. Wright, Commissioner

Sam Brownback, Governor

August 21, 2012

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

Re: ACO1
API 15-077-21870-00-00
Kylie Rose SWD 3305 1-28
NW/4 Sec.28-33S-05W
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,
Wanda Ledbetter

Koda Services, Inc.

INVOICE

Conductor and Rat Hole Drilling, Landfill Gas Drilling and Well Construction Nationwide

Date	Invoice #
8/21/2012	10012

Bill To
Sandridge Energy Accounts Payable P O Box 1748 Oklahoma City, OK 73102

Legal Description	Ordered By	Terms	Field Ticket	Lease Name	Drill Rig
	Jimmy Durden	Net 30	7561	Kylie Rose 3305 1-28	Tom Cat #2

Item	Quantity	Description
Conductor	90	Drilled 90' of 32" hole for conductor
20" Pipe	90	Furnished 90' of 20" conductor pipe
Ream Hole		Ream Hole
72" X 6'	1	Furnished 6' X 6' tinhorn
Dirt Removal		Provided Labor and Equipment for dirt removal and cleanup
15"X 20'	1	Furnished 20' Shuck
15"X 30'	1	Furnished 30' Shuck
Placement		Equipment and Labor to shucks pipe in holes
Mud/Water		Furnished Mud, Water, & Trucking
Welder		Welder
Grout		Furnished grout
Deliver Grout		Deliver grout to location
Equipment		Furnished Grout Pump & Flush
Mouse		Drilled Rat & Mouse holes
Cover Plate		Cover Plate

AFE Number: DC 12336
 Well Name: Kylie Rose 3305 1-28
 Code: 850 010
 Amount: 16,174.85
 Co. Man: JIMMY DURDEN
 Co. Man Sig.: [Signature]
 Notes: _____

Thank you for your business.	Subtotal	\$15,800.00
	Sales Tax (6.3%)	\$374.85
	Total	\$16,174.85

JOB SUMMARY			PROJECT NUMBER SOK 1740	TICKET DATE 08/10/12
COUNTY Harper	State Kansas	COMPANY Bridge Exploration & Produc	CUSTOMER REP 0	
LEASE NAME Kylie Rose	Well No. ID 3305 1	JOB TYPE Surface	EMPLOYEE NAME Johnny Breeze	

EMP NAME					
Johnny Breeze		0			
Scott Woods					
Flo Helkena					
David settlemier					

Form. Name _____ Type: _____

Packer Type _____ Set At **0**

Bottom Hole Temp. **80** Pressure _____

Retainer Depth _____ Total Depth **600**

Date	Called Out 8/10/2012	On Location 8/10/2012	Job Started 8/10/2012	Job Completed 8/10/2012
Time	1200	1700	2000	2130

Type and Size	Qty	Make
Auto Fill Tube	0	IR
Insert Float Val	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#	9 5/8"		Surface	571	1,500
Liner							
Liner							
Tubing			0				
Drill Pipe							
Open Hole			12 1/4"		Surface	600	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.		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	
8/10	4.0	8/10	4.0	Surface
Total	4.0	Total	4.0	

Pressures	
MAX 1,500 PSI	AVG. 200
Average Rates in BPM	
MAX 6 BPM	AVG 6
Cement Left in Pipe	
Feet 43	Reason SHOE JOINT

Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	180	TEX Lite Premium Plus 65 (6% Gel)	2% Calcium Chloride - 1/4pps Cello-Flake - .5% C-41P	10.88	1.84	12.70
2	140	Premium Plus (Class C)	1% Calcium Chloride - 1/4pps Cello-Flake	6.32	1.32	14.80

Summary			
Preflush Breakdown	Type: _____	Preflush: BBI	10.00 Type: Fresh Water
	MAXIMUM 1,500 PSI	Load & Bkdn: Gal - BBI	N/A Pad:Bbl -Gal N/A
	Lost Returns-N	Excess /Return BBI	20 Calc.Disp Bbl 41
	Actual TOC SURFACE	Calc. TOC:	SURFACE Actual Disp. 40.85
Average	Bump Plug PSI: 740	Final Circ. PSI:	250 Disp:Bbl
ISIP 5 Min.	10 Min. 15 Min.	Cement Slurry: BBI	91.9
		Total Volume BBI	142.75

CUSTOMER REPRESENTATIVE *Mark B...* SIGNATURE _____

JOB SUMMARY			PROJECT NUMBER SOK1763	TICKET DATE 08/16/12
COUNTY Harper	State Kansas	COMPANY Sandridge Exploration & Production	CUSTOMER REP 0	
LEASE NAME Kylie Rose SWD	Well No. 1-28	JOB TYPE Intermediate	EMPLOYEE NAME Larry Kirchner Jr.	

EMP NAME Larry Kirchner Jr.									
John Hall									
Wallace Berry									
Trayvon Watkins									

Form. Name _____ Type: _____

Packer Type _____ Set At **0**

Bottom Hole Temp. **155** Pressure _____

Retainer Depth _____ Total Depth **5300**

Date	Called Out 8/15/2012	On Location 8/16/2012	Job Started 8/16/2012	Job Completed 8/16/2012
Time	6:00PM	1:00AM	5:58AM	7:30AM

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

Well Data							
	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	New	26#	7"		Surface	5,297'	5,000
Liner							
Liner							
Tubing			0				
Drill Pipe							
Open Hole			8 3/4"		Surface	5,297'	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.		ln
NE Agent	Gal.		ln
Fluid Loss	Gal/Lb		ln
Gelling Agent	Gal/Lb		ln
Fric. Red.	Gal/Lb		ln
MISC.	Gal/Lb		ln
Perfpac Balls	Qty.		
Other			
Other			
Other			
Other			

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
8/16	6.5	8/16	2.0	Intermediate
Total	6.5	Total	2.0	

Pressures	
MAX	5,000 PSI
AVG.	350
Average Rates in BPM	
MAX	8 BPM
AVG	5
Cement Left in Pipe	
Feet	79
Reason	SHOE JOINT

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	190	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	190	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: WEIGHTED SP.
Breakdown		MAXIMUM	Load & Bkdn: Gal - BBI	N/A	Pad: Bbl - Gal
		Lost Returns-N	Excess /Return BBI	N/A	Calc. Disp Bbl
		Actual TOC	Calc. TOC:	3,050'	Actual Disp.
Average		Bump Plug PSI:	Final Circ. PSI:	900	Disp: Bbl
15 Min.	5 Min.	10 Min.	Cement Slurrv: BBI	89.0	
		15 Min.	Total Volume	BBI	308.00

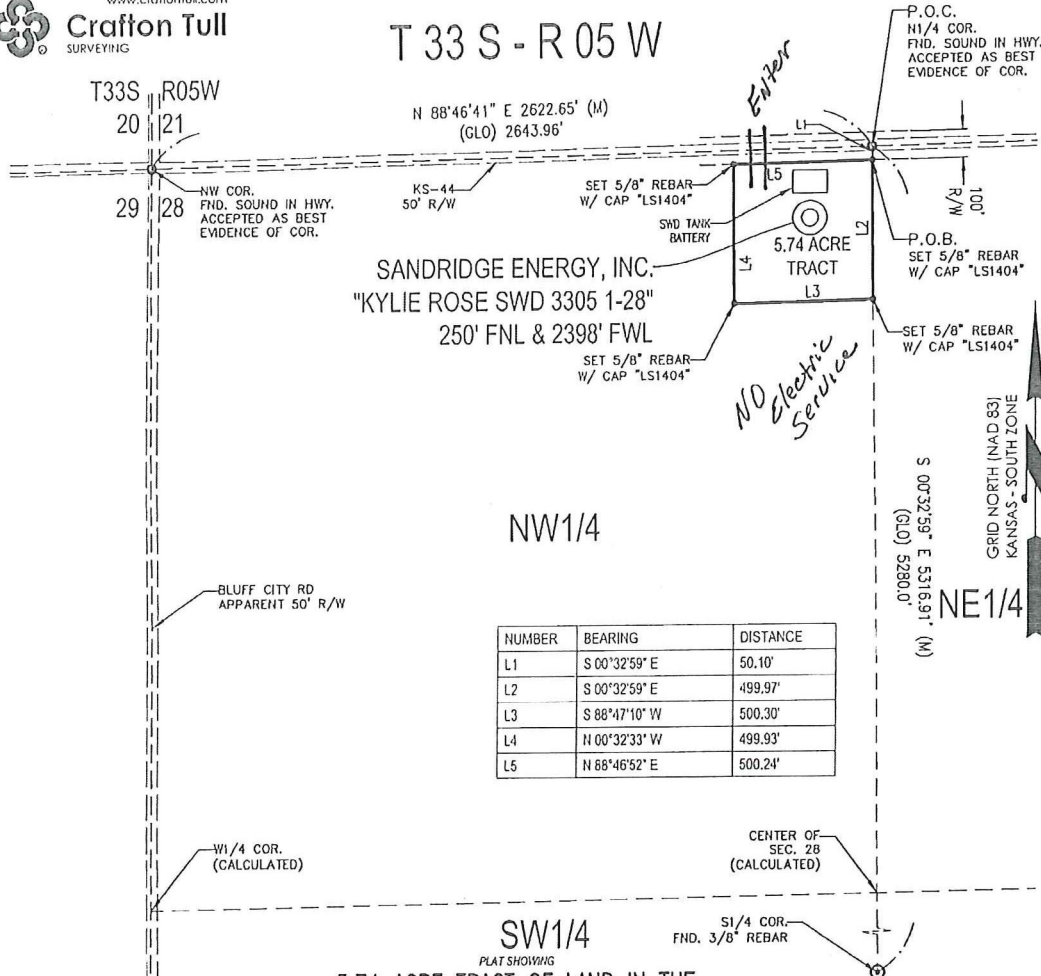
CUSTOMER REPRESENTATIVE SIGNATURE

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



HARPER COUNTY, KANSAS

T 33 S - R 05 W



NUMBER	BEARING	DISTANCE
L1	S 00°32'59" E	50.10'
L2	S 00°32'59" E	499.97'
L3	S 88°47'10" W	500.30'
L4	N 00°32'33" W	499.93'
L5	N 88°46'52" E	500.24'

5.74 ACRE TRACT OF LAND IN THE
 NW1/4 OF SECTION 28, T33S-R05W,
 HARPER COUNTY, KANSAS

METES AND BOUNDS DESCRIPTION (5.74 ACRE TRACT)

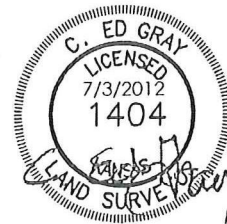
PART OF THE NW 1/4 OF SECTION 28, TOWNSHIP 33 SOUTH, RANGE 05 WEST, HARPER COUNTY, KANSAS, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT A FOUND SOUND IN HWY AT THE N1/4 CORNER OF SAID SECTION 28;
 THENCE S 00°32'59" E ALONG THE EAST LINE OF THE NW1/4 OF SAID SECTION 28, A DISTANCE OF 50.10 FEET TO A SET 5/8" REBAR WITH CAP MARKED "LS1404", SAID POINT BEING THE POINT OF BEGINNING;
 THENCE CONTINUE S 00°32'59" E ALONG THE EAST LINE OF THE NW1/4 OF SAID SECTION 28, A DISTANCE OF 499.97 FEET TO A SET 5/8" REBAR WITH CAP MARKED "LS1404";
 THENCE S 88°47'10" W, A DISTANCE OF 500.30 FEET TO A SET 5/8" REBAR WITH CAP MARKED "LS1404";
 THENCE N 00°32'33" W, A DISTANCE OF 499.93 FEET TO A SET 5/8" REBAR WITH CAP MARKED "LS1404";
 THENCE N 88°46'52" E, A DISTANCE OF 500.24 FEET TO THE POINT OF BEGINNING.

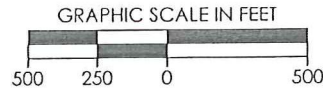
SAID TRACT CONTAINING 5.74 ACRES OF LAND AS SURVEYED, MORE OR LESS.

BASIS OF BEARINGS:
 KANSAS COORDINATE SYSTEM 1983 SOUTH ZONE
BEARINGS: GRID
DISTANCES: US SURVEY FOOT AT GRID
COORDINATES: US SURVEY FOOT AT GRID

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 ON THE DATE OF 07-03-2012 AND THAT THIS SURVEY MEETS THE REQUIREMENTS OF KANSAS MINIMUM STANDARDS FOR LAND SURVEYING. NO EASEMENTS OR OTHER TITLE DOCUMENTS WERE PROVIDED TO THE SURVEYOR FOR THIS PROPERTY.



(GLO R) - GENERAL LAND OFFICE RECORD
 (PERM R) - PERMANENT SURVEY RECORD
 (M) - MEASURED DATA



REVISION	SandRidge		
	"KYLIE ROSE SWD 3305 1-28" PART OF THE NW 1/4 OF SECTION 28, T-33-S, R-05-W PROPOSED DRILL SITE HARPER COUNTY, KANSAS		
	SCALE: 1" = 500'	DRAWN BY: S. ANDERSON	SHEET NO.: 1 OF 1
	PLOT DATE: 07-03-2012		