



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1091268
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: _____

1091268

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Harold 1-26H
Doc ID	1091268

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
5	8953-9280	4242 bbls of water, 36 bbls acid, 75M lbs sand, 4278 TLTR	
5	8597-8902	4274 bbls of water, 36 bbls acid, 75M lbs sand, 8724 TLTR	
5	8219-8523	4243 bbls of water, 36 bbls acid, 75M lbs sand, 13115 TLTR	
5	7840-8145	4232 bbls of water, 36 bbl acid, 75M lbs sand, 17479 TLTR	
5	7462-7767	4206 bbls of water, 36 bbls acid, 75M lbs sand, 21804 TLTR	
5	7083-7388	4224 bbls of water, 36 bbls acid, 75M lbs sand, 26177 TLTR	
5	6693-7010	4226 bbls of water, 36 bbls acid, 75M lbs sand, 30517 TLTR	
5	6327-6631	4326 bbls of water, 36 bbls acid, 75M lbs sand, 34928 TLTR	
5	6024-6253	4162 bbls of water, 36 bbls acid, 75M lbs sand, 39161 TLTR	
5	5570-5875	4334 bbls of water, 36 bbls acid, 75M lbs sand, 43548 TLTR	

Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Harold 1-26H
Doc ID	1091268

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Conductor	20	20	75	110	Mid-Continent Conductor, LLC 8 sack grout	11	none
Surface	12.25	9.63	36	942	O-Tex Lite Standard/Standard	470	(6% gel) 2% Calcium Chloride, 1/4 pps Cello-Flake, .5% C-41P
Intermediate	8.75	7	26	5570	50/50 Poz Premium/Premium	300	4% total gel, .4% C-12, .1% C-37, .5% C-41P, 2 lb/sk Phenoseal
Production	6.12	4.5	11.6	9389	50/50 Premium Poz	500	(4% GEL) .4% c12, .1% c37, .5% c-41p, 2 lb/sk Phenoseal

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

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

Re: ACO1
API 15-033-21636-01-00
Harold 1-26H
SE/4 Sec.26-31S-20W
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

DIRECTIONAL SURVEY CALCULATION

MINIMUM CURVATURE METHOD

Well Name		Target Direction	Slot	N / S	E / W	Hole Size	Calculation by	Date			
Harold 3120 1-26H		0.90	Coordinate					9/7/12			
Job Number		Type of Survey	Tie-in Point				Directional Co.				
0											
Measured Depth	Hole Angle	Hole Direction	Course Length	True Vertical Depth	Vertical Section	Total Coordinate		Dogleg Severity	Build Up °/100 ft	Walk/ °/100 ft	
						N + / S -	E + / W -				
0	0	0	0	0.00	0.00			<< TIE-IN POINT >>			
0	0	0		0.00	0.00	0.00	0.00				
1161	1	6	1161	1,160.93	11.10	11.09	1.13	0.09	0.09	0.50	
1628	1	357	467	1,627.82	21.26	21.24	1.27	0.08	0.06	75.18	
2102	1	356	474	2,101.73	30.33	30.33	0.71	0.13	-0.13	-0.25	
2578	1	356	476	2,577.69	36.54	36.54	0.28	0.02	-0.02	0.15	
3053	1	10	475	3,052.65	42.71	42.70	0.68	0.04	0.02	-72.91	
3528	1	163	475	3,527.63	44.01	43.98	1.86	0.27	-0.06	32.23	
4003	0	129	475	4,002.62	41.26	41.21	3.42	0.06	-0.04	-7.16	
4173	1	99	170	4,172.61	40.74	40.66	5.52	0.56	0.53	-17.94	
4194	1	100	21	4,193.60	40.68	40.59	5.94	0.49	-0.48	6.19	
4226	1	73	32	4,225.60	40.72	40.62	6.51	1.57	-0.31	-84.69	
4257	2	31	31	4,256.59	41.18	41.07	6.99	3.48	1.94	-134.19	
4289	4	17	32	4,288.56	42.50	42.39	7.50	6.23	5.94	-45.94	
4321	6	10	32	4,320.44	45.12	45.00	8.09	8.27	8.13	-19.38	
4352	8	10	31	4,351.21	48.87	48.74	8.77	6.13	6.13	-0.32	
4384	10	10	32	4,382.81	53.84	53.69	9.67	6.56	6.56	-0.31	
4416	12	12	32	4,414.21	59.90	59.74	10.84	6.31	6.25	4.38	
4447	16	14	31	4,444.29	67.18	66.99	12.54	11.81	11.61	9.03	
4479	18	17	32	4,474.94	76.07	75.84	15.02	6.61	6.25	7.50	
4511	19	17	32	4,505.33	85.70	85.43	17.92	3.44	3.44	0.00	
4542	20	17	31	4,534.59	95.56	95.25	20.87	3.23	3.23	-0.32	
4574	21	17	32	4,564.62	106.19	105.82	24.06	2.51	2.50	0.62	
4606	22	16	32	4,594.41	117.43	117.01	27.41	5.03	5.00	-1.56	
4637	24	16	31	4,622.92	129.17	128.70	30.84	6.13	6.13	-0.32	
4669	26	15	32	4,651.93	142.23	141.70	34.46	5.62	5.31	-4.38	
4700	27	13	31	4,679.66	155.72	155.15	37.82	5.42	4.84	-5.48	
4732	29	12	32	4,707.90	170.45	169.83	41.11	4.96	4.69	-3.44	
4763	31	12	31	4,734.81	185.56	184.88	44.27	6.18	6.13	-1.61	
4795	33	10	32	4,762.01	202.16	201.44	47.45	7.25	6.88	-4.38	
4827	35	8	32	4,788.57	219.82	219.05	50.31	7.07	6.25	-5.94	
4858	37	7	31	4,813.66	237.89	237.09	52.70	7.35	6.77	-4.84	
4890	40	7	32	4,838.74	257.66	256.83	55.05	8.75	8.75	0.00	
4922	43	7	32	4,862.74	278.71	277.84	57.56	10.00	10.00	0.00	
4953	46	7	31	4,884.87	300.31	299.40	60.09	9.37	9.35	-0.65	
4985	49	6	32	4,906.55	323.74	322.80	62.60	9.30	9.06	-2.81	
5048	53	5	63	4,946.23	372.52	371.51	66.98	6.96	6.83	-1.75	
5080	53	5	32	4,965.37	398.10	397.07	69.06	0.97	0.94	0.31	
5112	53	5	32	4,984.50	423.71	422.64	71.12	0.80	-0.62	-0.63	
5143	53	4	31	5,003.07	448.48	447.39	73.02	0.52	0.00	-0.65	
5175	53	4	32	5,022.28	474.03	472.91	74.92	0.67	-0.63	-0.31	
5198	53	4	23	5,036.09	492.39	491.26	76.26	0.87	0.87	0.00	
5207	53	4	9	5,041.48	499.59	498.44	76.78	1.78	0.00	-2.22	
5238	53	4	31	5,060.01	524.41	523.24	78.47	0.83	0.65	-0.65	
5270	56	3	32	5,078.47	550.51	549.32	80.09	8.53	8.44	-1.56	
5302	60	3	32	5,095.52	577.57	576.36	81.45	10.83	10.63	-2.50	
5334	63	2	32	5,110.94	605.60	604.37	82.60	10.66	10.63	-0.94	
5365	67	3	31	5,124.09	633.65	632.42	83.80	12.99	12.90	1.61	
5429	74	0	64	5,145.49	693.92	692.66	85.41	11.60	11.09	-3.59	
5492	82	358	63	5,158.64	755.44	754.21	84.42	13.17	12.54	567.30	
5520	86	358	28	5,161.71	783.23	782.01	83.28	12.90	12.86	-1.07	
5619	91	357	99	5,164.38	881.94	880.82	78.44	5.99	5.96	-0.61	
5713	92	357	94	5,161.27	975.66	974.63	73.45	1.07	1.06	0.11	
5808	94	357	95	5,155.80	1,070.29	1,069.35	68.65	1.91	1.89	0.21	
5903	94	357	95	5,148.84	1,164.83	1,163.97	63.94	0.10	0.00	-0.11	
5998	94	357	95	5,141.88	1,259.37	1,258.60	59.14	0.00	0.00	0.00	
6093	94	357	95	5,134.84	1,353.88	1,353.20	54.02	0.43	0.11	-0.42	
6188	95	358	95	5,127.06	1,448.35	1,447.76	49.31	1.27	0.84	0.95	

Mid-Continent Conductor, LLC

Invoice

Date	Invoice #
5/23/2012	1335

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 Harrison	Net 45	5/23/2012	Harold 1-26H, Comanche Cnty, KS	Lariat 45

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. mouse hole.
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	11	Furnished 11 yards of grout and trucking to location.
Grout Pump	1	Furnished grout pump.
Welder & Materials	1	Furnished welder and materials.
Dirt Removal	1	Labor & Equip. for dirt removal.
Cover Plate	1	Furnished cover plates.
Permits	1	Permits
		Subtotal \$25,090.00
		Sales Tax (0.0%) \$0.00
		Total \$25,090.00

JOB SUMMARY			PROJECT NUMBER SOK1512	TICKET DATE 05/30/12
COUNTY COMANCHE	State KANSAS	COMPANY Bridge Exploration & Produc	CUSTOMER REP	
LEASE NAME HAROLD 3120	Well No. 1-26H	JOB TYPE Surface	EMPLOYEE NAME MATT	

EMP NAME	Matt Wilson	David Thomas					
	Arthur Setzar						
	Thomas Walker						
	0.00						

Form. Name _____ Type: _____
Packer Type _____ Set At **0**
Bottom Hole Temp. **80** Pressure _____
Retainer Depth _____ Total Depth **850'**

Date	Called Out 5/29/2012	On Location 5/29/2012	Job Started 5/30/2012	Job Completed 5/30/2012
Time	4:00 pm	11:00 pm	7:20 am	9:00 am

Tools and Accessories		
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		36#	9	5/8"	Surface	960	1,500
Liner							
Liner							
Tubing			0				
Drill Pipe							
Open Hole				12 1/4"	Surface	960	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		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	

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
5/29	1.0	5/29	4.0	Surface
5/30	9.0			
Total 10.0		Total 4.0		

Perfpac Balls	Qty.	
Other		
Other		
Other		
Other		
Other		

Pressures	
MAX 1,500 PSI	AVG 10
Average Rates in BPM	
MAX 6 BPM	AVG 6
Cement Left in Pipe	
Feet 40	Reason SHOE JOINT

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	220	O-TEX Lite Standard	(6% Gel) 2% Calcium Chloride - 1/4pps Cello-Flake - .5% C-41P	10.88	1.84	12.70
2	150	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	10.00	Type: Fresh Water	
Breakdown	MAXIMUM 1,500 PSI	Load & Bkdn: Gal - BBI	N/A
	Lost Returns-N	Excess /Return BBI	5
	Actual TOC	Calc. TOC:	SURFACE
Average	Bump Plug PSI:	Final Circ. PSI:	275
isp 5 Min.	10 Min	Cement Slurry: BBI	104.0
	15 Min	Total Volume BBI	186.00

CUSTOMER REPRESENTATIVE Charles Hallmark SIGNATURE

JOB SUMMARY			PROJECT NUMBER SOK1539	TICKET DATE 06/11/12
COUNTY Commanche	State Kansas	COMPANY Sandridge Exploration & Production	CUSTOMER REP Claud	
LEASE NAME Harold	Well No. 1120 1-26	JOB TYPE Intermediate	EMPLOYEE NAME Jared Green	

0.00	0				
0.00					
0.00					
0.00					

Form. Name _____ Type: _____
Packer Type _____ Set At 0
Bottom Hole Temp. 155 Pressure _____
Retainer Depth _____ Total Depth 5551

Date	Called Out 6/10/2012	On Location 6/11/2012	Job Started 6/11/2012	Job Completed 6/11/2012
Time		4:00am	8:00am	9:30am

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	5,580	5,000
Liner						
Liner						
Tubing		0				
Drill Pipe						
Open Hole		8 3/4"		Surface	5,583	Shots/Ft.
Perforations						
Perforations						
Perforations						

Materials			
Mud Type	WBM	Density	Lb/Gal
Disp. Fluid	Fresh Water	8.33	
Spacer type	resh 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	

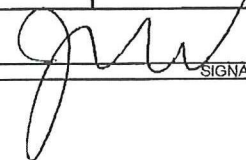
Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
6/11	4.0	6/11	1.5	Intermediate
Total	4.0	Total	1.5	

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

Pressures	
MAX	5,000 PSI
AVG.	200
Average Rates in BPM	
MAX	8 BPM
AVG	4
Cement Left in Pipe	
Feet	92
Reason	SHOE JOINT

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	200	50/50 POZ PREMIUM	4% Total 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	5.20	1.18	15.60
3	0	0		0	0.00	0.00

Summary					
Preflush Breakdown	Type: <u>20.00</u>	CF-63	Preflush: BBI	Type: <u>WEIGHTED SP.</u>	
	MAXIMUM	3,500	Load & Bkdn: Gal - BBI	Pad:Bbl -Gal	<u>N/A</u>
	Lost Returns-N	NO/FULL	Excess /Return BBI	Calc.Disp Bbl	<u>210</u>
	Actual TOC		Calc. TOC:	Actual Disp.	<u>209.00</u>
Average	Bump Plug PSI:	<u>11,300</u>	Final Circ. PSI:	Disp:Bbl	
ISIP	5 Min.	10 Min.	15 Min.	Cement Slurry: BBI	<u>72.0</u>
				Total Volume BBI	<u>301.00</u>

CUSTOMER REPRESENTATIVE _____ SIGNATURE 

API No.
OTC/OCC Operator No. 34192

CEMENTING REPORT
To Accompany Completion Report

Form 1002C
Rev. 1996

OKLAHOMA CORPORATION COMMISSION
Oil & Gas Conservation Division
Post Office Box 52000-2000
Oklahoma City, Oklahoma 73152-2000
OAC 165:10-3-4(h)

All operators must include this form when submitting the Completion Report, (Form 1002A). The signature on this statement must be that of qualified employees of the cementing company and operator to demonstrate compliance with OAC 165:10-3-4(h). It may be advisable to take a copy of this form to location when cementing work is performed.

TYPE OR USE BLACK INK ONLY

*Field Name 0	OCC District		
*Operator Sandridge Exploration & Production	OCC/OTC Operator No 34192		
*Well Name/No. HAROLD 3120 1-26H	County COMANCHE		
*Location 1/4 1/4 1/4 1/4	Sec 26	Twp 31S	Rge 20W

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date						6/17/2012
*Size of Drill Bit (Inches)						6.125"
*Estimated % wash or hole enlargement used in calculations						40%
*Size of Casing (inches O.D.)						4.5"
*Top of Liner (if liner used) (ft.)						5,200'
*Setting Depth of Casing (ft.) from ground level						9,543'
Type of Cement (API Class)						50/50 Premium Poz
In first (lead) or only slurry						N/A
In second slurry						N/A
In third slurry						N/A
Sacks of Cement Used						500
In first (lead) or only slurry						N/A
In second slurry						N/A
In third slurry						N/A
Vol of slurry pumped (Cu ft)(14.X15.) in first (lead) or only slurry						720
In second slurry						N/A
In third slurry						N/A
Calculated Annular Height of Cement behind Pipe (ft)						4,843'
Cement left in pipe (ft)						

*Amount of Surface Casing Required (from Form 1000)	ft.
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*Was cement circulated to Ground Surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	*Was Cement Staging Tool (DV Tool) used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
*Was Cement Bond Log run? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If so, Attach Copy)	*If Yes, at what depth? ft

CEMENTING COMPANY AND OPERATOR MUST COMPLY WITH THE INSTRUCTIONS ON REVERSE SIDE OF FORM

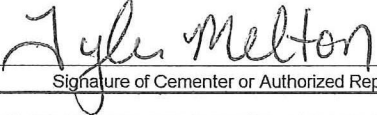
* Designates items to be completed by Operator.
Items **not** so designated shall be completed by the Cementing Company.

Remarks
Cement #1: 50/50 Premium Poz : (4%Gel) - .4% C12 - .1% C37 - 0.5% C-41P - 2 Lb/Sk Phenoseal * Cement # 2: 0: 0
*** Cement #3: 0: 0 * Cement #4: : * Cement #5: :**

*Remarks

CEMENTING COMPANY

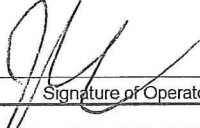
I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that the cementing of casing in this well as shown in the report was performed by me or under my supervision, and that the cementing data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers cementing data only.



 Signature of Cemente or Authorized Representative

OPERATOR

I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that I have knowledge of the well data and information presented in this report, and that data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers all well data and information presented herein.



 Signature of Operator or Authorized Representative

Name & Title Printed or Typed
TYLER MELTON

O-TEX Pumping LLC

Address
7303 N. Hwy 81

City
Duncan

State
OK

Zip
73533

Telephone (AC) Number
580-251-9919

Date
June 17, 2012

*Name & Title Printed or Typed

*Operator

*Address

*City

*State | *Zip

*Telephone (AC) Number

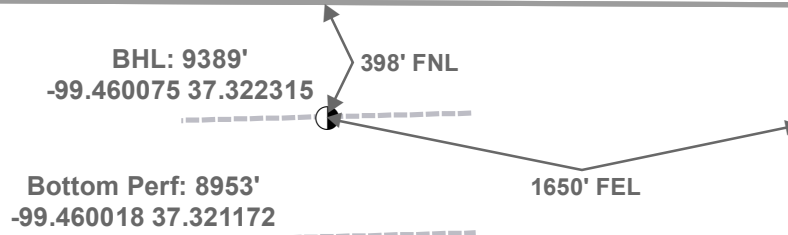
*Date

INSTRUCTIONS

1. A) This form shall be filed by the operator, at the O.C.C. office in Oklahoma City, as an attachment to the Completion Report (Form 1002A) for a producing well or a dry hole.
- B) An original of this form shall be filed as an attachment to the Completion Report, (Form 1002A), for each cementing company used on a well.
- C) The cementing of different casing strings on a well by one cementing company may be consolidated on one form.
2. Cementing Company and Operator shall comply with the applicable portions of OAC 165:10-3-4(h).
3. Set surface casing 50 feet below depth of treatable water to be protected and cement from casing shoe to ground surface or as allowed by OAC 165:10-3-4(h).
4. **IF SETTING ANYTHING OTHER THAN THE FULL AMOUNT OF SURFACE CASING, BE SURE TO FOLLOW CORPORATION COMMISSION RULES.**

Section 23
31S 20W

Section 24
31S 20W



Section 26
31S 20W

Section 25
31S 20W

Top Perf: 5570'
-99.459519 37.311814

Miss Entry: 5040'
-99.459523 37.310697

HAROLD 1-26H

KERSTETTER 1-25H



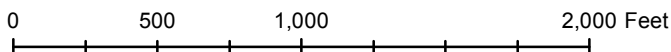
Section 35
31S 20W

Section 36
31S 20W



Actual Bottom-Hole Location of Harold 1-26H
Comanche County, Kansas
T&R: 31S 20W
Section: 26, 398' FNL & 1650' FEL
Long: -99.460075 37.322315

1 in = 667 ft



● Actual BH Location

* SandRidge Wells

--- Perf

□ Sections

Draftsman:

Aaron Birk

Draft Date: 9/12/2012

Drawing Name/Number:

Addendum_Harold_1-26H.mxd

Coordinate System:

NAD 1927 State Plane
Kansas South FIPS: 1502