

# 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
		<b>Subtotal</b> \$25,090.00
		<b>Sales Tax (0.0%)</b> \$0.00
		<b>Total</b> \$25,090.00

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

EMP NAME <b>Matt Wilson</b>	<b>David Thomas</b>				
<b>Arthur Setzar</b>					
<b>Thomas Walker</b>					
<b>0.00</b>					

Form. Name \_\_\_\_\_ Type: \_\_\_\_\_

Packer Type \_\_\_\_\_ Set At **0**

Bottom Hole Temp. **80** Pressure \_\_\_\_\_

Retainer Depth \_\_\_\_\_ Total Depth **850'**

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

Type and Size	Qty	Make
Auto Fill Tube	<b>0</b>	<b>IR</b>
Insert Float Val	<b>0</b>	<b>IR</b>
Centralizers	<b>0</b>	<b>IR</b>
Top Plug	<b>1</b>	<b>IR</b>
HEAD	<b>1</b>	<b>IR</b>
Limit clamp	<b>0</b>	<b>IR</b>
Weld-A	<b>0</b>	<b>IR</b>
Texas Pattern Guide Shoe	<b>0</b>	<b>IR</b>
Cement Basket	<b>0</b>	<b>IR</b>

Well Data							
	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing		<b>36#</b>	<b>9 5/8"</b>		Surface	<b>960</b>	<b>1,500</b>
Liner							
Liner							
Tubing			<b>0</b>				
Drill Pipe							
Open Hole				<b>12 1/4"</b>	Surface	<b>960</b>	Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials			
	WBM	Density	Lb/Gal
Mud Type		<b>9</b>	
Disp. Fluid	Fresh Water	<b>8.33</b>	
Spacer type	resh Water BBL	<b>10</b>	<b>8.33</b>
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	
<b>5/29</b>	<b>1.0</b>	<b>5/29</b>	<b>4.0</b>	Surface
<b>5/30</b>	<b>9.0</b>			
Total	<b>10.0</b>	Total	<b>4.0</b>	

Perfpac Balls \_\_\_\_\_ Qty. \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

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

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
<b>1</b>	<b>220</b>	<b>O-TEX Lite Standard</b>	<b>(6% Gel) 2% Calcium Chloride - 1/4pps Cello-Flake - .5% C-41P</b>	<b>10.88</b>	<b>1.84</b>	<b>12.70</b>
<b>2</b>	<b>150</b>	<b>Standard</b>	<b>2% Calcium Chloride - 1/4pps Cello-Flake</b>	<b>5.20</b>	<b>1.18</b>	<b>15.60</b>
<b>3</b>	<b>100</b>	<b>Standard</b>	<b>2% Calcium Chloride on side to use if necessary</b>	<b>5.20</b>	<b>1.18</b>	<b>15.60</b>

Summary			
Preflush Breakdown	Type: _____	Preflush: BBI	<b>10.00</b>
	MAXIMUM <b>1,500 PSI</b>	Load & Bkdn: Gal - BBI	<b>N/A</b>
	Lost Returns-N <b>NO/FULL</b>	Excess /Return BBI	<b>5</b>
	Actual TOC <b>SURFACE</b>	Calc. TOC:	<b>SURFACE</b>
Average	Bump Plug PSI: _____	Final Circ. PSI:	<b>275</b>
isp _____ 5 Min.	_____ 10 Min	Cement Slurry: BBI	<b>104.0</b>
	_____ 15 Min	Total Volume BBI	<b>186.00</b>

CUSTOMER REPRESENTATIVE *Charles Hallmark* SIGNATURE

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

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 <b>6/10/2012</b>	On Location <b>6/11/2012</b>	Job Started <b>6/11/2012</b>	Job Completed <b>6/11/2012</b>
Time		<b>4:00am</b>	<b>8:00am</b>	<b>9:30am</b>

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	

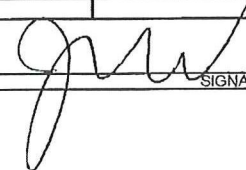
Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
6/11	4.0	6/11	1.5	Intermediate
Total	4.0	Total	1.5	

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: _____	CF-63	Preflush: BBI	20.00	Type: WEIGHTED SP.
	MAXIMUM	3,500	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		Calc. TOC:	4,200	Actual Disp. 209.00
Average	Bump Plug PSI:	11,300	Final Circ. PSI:	650	Disp:Bbl
ISIP	5 Min.	10 Min.	15 Min.	Cement Slurry: BBI	72.0
				Total Volume BBI	301.00

CUSTOMER REPRESENTATIVE \_\_\_\_\_ SIGNATURE 

API No.
OTC/OCC Operator No. <b>34192</b>

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

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.

*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**

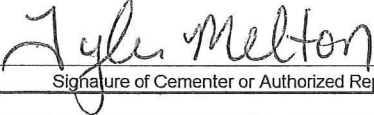
\* Designates items to be completed by Operator.  
Items **not** so designated shall be completed by the Cementing Company.

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

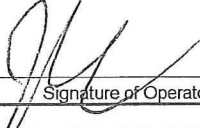
**CEMENTING COMPANY**

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 Cementeer 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.**