

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1093194  
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

<input type="checkbox"/> Oil	<input type="checkbox"/> WSW	<input type="checkbox"/> SWD	<input type="checkbox"/> SIOW
<input type="checkbox"/> Gas	<input type="checkbox"/> D&A	<input type="checkbox"/> ENHR	<input type="checkbox"/> SIGW
<input type="checkbox"/> OG		<input type="checkbox"/> GSW	<input type="checkbox"/> Temp. Abd.
<input type="checkbox"/> CM (Coal Bed Methane)			
<input type="checkbox"/> Cathodic <input type="checkbox"/> Other (Core, Expl., etc.): _____			

If Workover/Re-entry: Old Well Info as follows:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

<input type="checkbox"/> Deepening	<input type="checkbox"/> Re-perf.	<input type="checkbox"/> Conv. to ENHR	<input type="checkbox"/> Conv. to SWD
<input type="checkbox"/> Plug Back		<input type="checkbox"/> Conv. to GSW	<input type="checkbox"/> Conv. to Producer
<input type="checkbox"/> Commingled		Permit #: _____	
<input type="checkbox"/> Dual Completion		Permit #: _____	
<input type="checkbox"/> SWD		Permit #: _____	
<input type="checkbox"/> ENHR		Permit #: _____	
<input type="checkbox"/> GSW		Permit #: _____	

Spud Date or  
Recompletion Date

Date Reached TD

Completion Date or  
Recompletion Date

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: \_\_\_\_\_ (e.g. xx.xxxxx), Long: \_\_\_\_\_ (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: \_\_\_\_\_



1093194

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](mailto: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 (Attach Additional Sheets)	<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:				

<b>CASING RECORD</b> <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: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives

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 (Amount and Kind of Material Used)	Depth

TUBING RECORD: Size: Set At: Packer At: Liner Run:  Yes  No

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 (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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____			PRODUCTION INTERVAL: <hr/> <hr/>		
--	---	--	--	-------------------------------------	--	--

Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Hammer SWD 3510 1-1
Doc ID	1093194

Tops

Name	Top	Datum
Base Heebner	3616	-2288
Tonkawa	3946	-2618
Cottage Grove	4217	-2889
Oswego Limestone	4527	-3199
Cherokee Group	4625	-3297
Mississippi	4745	-3417
Kinderhook Shale	5006	-3678
Woodford	5095	-3767
Simpson Group	5280	-3952
Oil Creek Sandstone	5420	-4092
Arbuckle	5490	-4162

Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



Mark Sievers, Chairman  
Thomas E. Wright, Commissioner

Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

Sam Brownback, Governor

September 11, 2012

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

Re: ACO1  
API 15-007-23936-01-00  
Hammer SWD 3510 1-1  
SW/4 Sec.01-35S-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,  
Wanda Ledbetter



P.O. Box 1570  
Woodward, OK 73802

Phone: (580)254-5400  
Fax: (580)254-3242

## Invoice

Date	Invoice #
8/18/2012	1445

Bill To
SandRidge Energy, Inc. Attn: Purchasing Mgr. 123 Robert S. Kerr Avenue Oklahoma City, OK. 73102

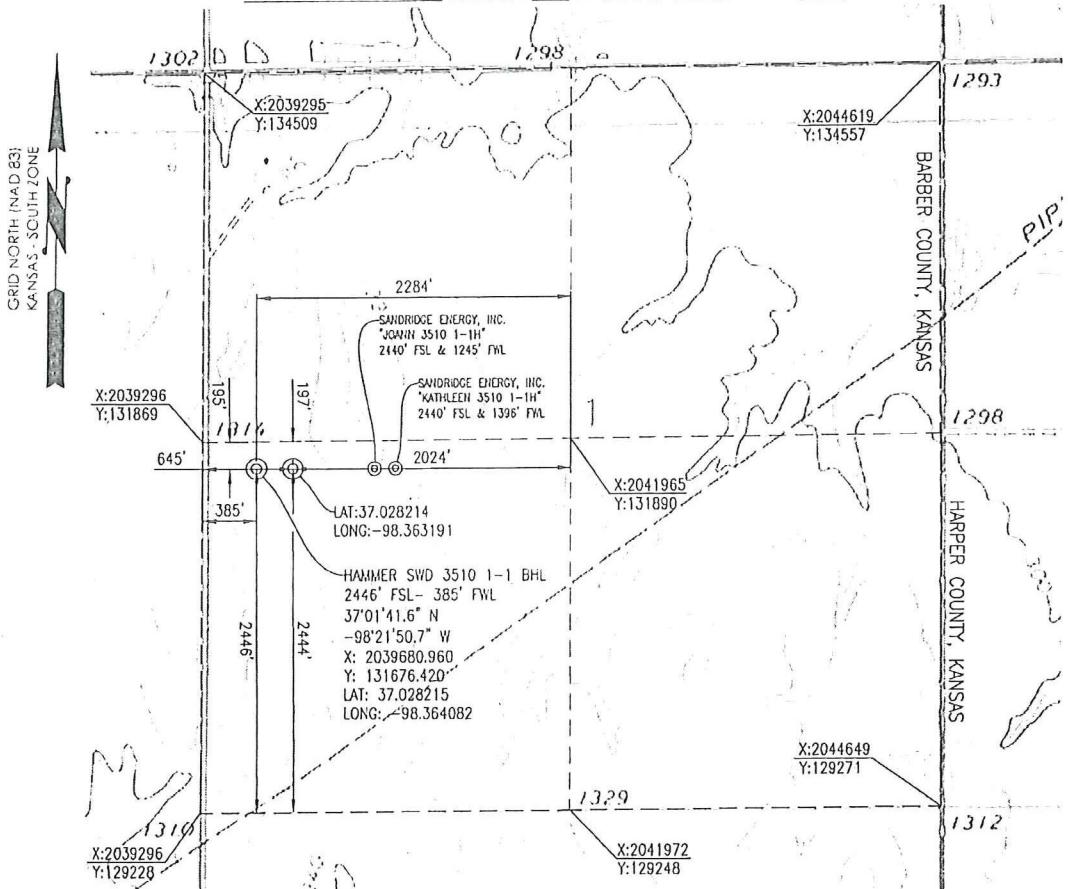
Ordered By	Terms	Date of Service	Lease Name/Legal Desc.	Drilling Rig
Chuck Mulberry	Net 45	8/18/2012	Hammer 3510 1-1 SWD, Barber Cnty,...	Tomcat 2

Item	Quantity	Description
Conductor Hole		90 Drilled 90 ft. conductor hole.
20" Pipe		90 Furnished 90 ft. of 20 inch conductor pipe.
Rat & Mouse Holes		1 Drilled 35 ft. rate hole and 20 ft. mouse hole.
Rat Hole Shuck		1 Furnished rat hole shuck.
16" Pipe		20 Furnished 20 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		10 Furnished 10 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
		AFE Number: <u>1C12345</u> Well Name: <u>Hammer 1-1 SWD</u> Code: <u>850 010</u> Amount: <u>12,000</u> Co. Man: <u>M. Bp. to</u> Co. Man Sig.: <u>Mark TSP</u> Notes: _____
		<b>Subtotal</b> \$12,000.00
		<b>Sales Tax (0.0%)</b> \$0.00
		<b>Total</b> \$12,000.00

JOB SUMMARY					PROJECT NUMBER SOK 1801	TICKET DATE 08/23/12		
COUNTY Barber	STATE Kansas	COMPANY Bridge Exploration & Product			CUSTOMER REP 0			
LEASE NAME Hammer	WELL NO. 10 1-1 SV	JOB TYPE Surface			EMPLOYEE NAME NATHAN COTTA			
EMP NAME NATHAN COTTA MIKE CHALFANT TREYVON DANNY T.								
Form. Name _____ Type: _____								
Packer Type _____ Set At 0 Bottom Hole Temp. 80 Pressure _____ Retainer Depth 950				Date 8.23.12	Called Out 8.23.12	On Location 8.24.12		
				Time 1630		Job Started 8.24.12		
					2030	Job Completed 8.24.12		
					550	710		
Well Data								
Tools and Accessories				New/Used Casing	Weight 45.4	Size 10 3/4"		
Type and Size Auto Fill Tube		Qty 0	Make IR	Liner				
Insert Float Val		0	IR	Liner				
Centralizers		0	IR	Tubing	0			
Top Plug		0	IR	Drill Pipe				
HEAD		0	IR	Open Hole	12 1/4"	Surface		
Limit clamp		0	IR	Perforations				
Weld-A		0	IR	Perforations				
Texas Pattern Guide Shoe		0	IR	Perforations				
Cement Basket		0	IR					
Materials								
Mud Type		WBM	Density Fresh Water	9 8.33	Lb/Gal Lb/Gal			
Disp. Fluid								
Spacer type		Resh Water BBL.	10	8.33				
Spacer type		BBL.						
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								
		Date 8.23.12	Hours 11.5	Operating Hours				
				Date 8.24.12	Hours 2.0			
		Total	11.5	Total	2.0			
Description of Job								
Surface								
Pressures								
MAX		1,500 PSI	AVG.	150				
MAX		6 BPM	AVG	5				
Feet		47	Reason	Cement Left in Pipe SHOE JOINT				
Cement Data								
Stage	Sacks	Cement	Additives			W/Rq.	Yield	Lbs/Gal
1	450	TEX Lite Premium Plus 65 (6% Gel)	2% Calcium Chloride - 1/4pps Cello-Flake - .5% C-41P			10.88	1.84	12.70
2	320	Premium Plus (Class C)	1% Calcium Chloride - 1/4pps Cello-Flake			6.32	1.32	14.80
3	100	Premium Plus (Class C)	2% Calcium Chloride on side to use if necessary			6.32	1.32	14.80
Summary								
Preflush		Type: MAXIMUM	1,500 PSI	Preflush: BBL	10.00	Type: Fresh Water		
Breakdown		Lost Returns-N	NO/FULL	Load & Bkdn: Gal - BBL	N/A	Pad:Bbl - Gal N/A		
		Actual TOC	SURFACE	Excess/Return BBL	112	CalcDisp Bbl 84		
Average		Bump Plug PSI:	1,000	Calc. TOC:	SURFACE	Actual Disp. 84.00		
ISIP	5 Min.	10 Min	15 Min	Final Circ. PSI:	400	Disp:Bbl 84.00		
				Cement Slurry: BBL	222.0			
				Total Volume BBL	316.00			
CUSTOMER REPRESENTATIVE _____ SIGNATURE _____								

JOB SUMMARY				PROJECT NUMBER	TICKET DATE	
COUNTY	State	COMPANY		SOK 1831	09/02/12	
Barber	Kansas	Sandridge Exploration & Production		CUSTOMER REP		
LEASE NAME	Well No.	JOB TYPE		Jimmy Durden		
Hammer SWD	3510 1-1	Intermediate		EMPLOYEE NAME		
EMP NAME						
TYLER MELTON	GALE WOMACK					
Jared Green	DANNY TEWELL					
Emmit Brock						
David Thomas						
Form. Name	Type:					
Packer Type	Set At	0	Date	Called Out	On Location	
Bottom Hole Temp.	155	Pressure		9/6/2012	9/6/2012	
Retainer Depth		Total Depth	Time	3:00AM	Job Started	
9/6/2012 9:00AM Job Completed 9/6/2012						
11:00AM						
Tools and Accessories						
Type and Size	Qty	Make	Now/Used	Weight	Size	
Auto Fill Tube	0	IR	Casing	29.7	7 5/8"	
Insert Float Val	0	IR	Liner			
Centralizers	0	IR	Liner			
Top Plug	0	IR	Tubing	0		
HEAD	0	IR	Drill Pipe			
Limit clamp	0	IR	Open Hole	9 7/8	Surface	
Weld-A	0	IR	Perforations			
Texas Pattern Guide Shoe	0	IR	Perforations			
Cement Basket	0	IR	Perforations			
Materials						
Mud Type	WBM	Density	9	Lb/Gal	Max. Allow	
Disp. Fluid	Fresh Water	Density	8.33	Lb/Gal	5,000	
Spacer type	WEIGHTEL BBL.	30	8.40			
Spacer type	WATER BBL.	10				
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.		Date	Hours	Operating Hours	
Other			9/6	6.0	Date	
Other					9/6 2.0	
Other						
Other						
Other						
Hours On Location						
Operating Hours						
Description of Job						
Intermediate						
Perfpac Balls Qty.						
Pressures						
MAX	1450	Avg	300			
MAX	7	Avg	5.5			
Feet	81	Cement Left in Pipe				
Reason	SHOE JOINT					
Cement Data						
Stage	Sacks	Cement	Additives	Wt/Rq.	Yield	Lbs/Gal
1	240	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	260	Premium	0.4% C-12 - 0.1% C-37	6.20	1.18	15.60
3	0	0		0.00	0.00	0.00
Summary						
Preflush	Type:	Preflush:	BBL	26.00	Type:	WEIGHTED SP
Breakdown	MAXIMUM	Load & Bkdn:	Gal - BBL	N/A	Pad:Bbl - Gal	N/A
	Lost Returns-N	Excess /Return BBL		N/A	Calc Disp Bbl	255
Average	Actual TOC	Calc. TOC:			Actual Disp.	201.60
	Burnt Plug PSI:	Final Circ. PSI:			Disp:Bbl	
	10 Min	Cement Slurry: BBL				
		Total Volume BBL	338.50			

BARBER COUNTY, KANSAS  
2444' FSL- 645' FWL SECTION 01 TOWNSHIP 35S. RANGE 10W 6TH P.M.



ELEVATION:  
1317' GR. AT STAKE

OPERATOR: SANDRIDGE ENERGY, INC.

WELL NO: 1-

LEASE NAME: HAMMER SWD 3510

TOPOGRAPHIC & VEGETATION: LOCATION FELL IN A FIELD

REFERENCE STAKES OR ALTERNATE LOCATION

GOOD DRILL SITE: YES

STAKES SET: NONE

BEST ACCESSIBILITY TO LOCATION: WEST LINE

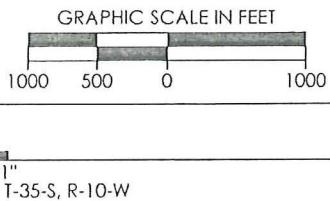
DISTANCE & DIRECTION  
FROM HWY JCT OR TOWN: FROM THE JCT. OF STATE HWY 58 AND SW 80 RD (DRIFTWOOD RD)  
TRAVEL WEST ±0.4 MILES ON SW 80 RD (DRIFTWOOD RD). TURN LEFT (SOUTH) ON CATALPA RD  
AND TRAVEL ±0.5 MILES TO THE WEST 1/4 CORNER OF SECTION 1, T-35-S, R-10-W.

(THE FOLLOWING  
INFORMATION WAS  
GATHERED USING A GPS  
RECEIVER ACCURACY ±2-3  
METERS)

GPS  
DATUM: NAD-27  
LAT: 37.028214  
LONG: -98.363191

STATE PLANE  
COORDINATES:  
ZONE: KS-SOUTH NAD-27  
X: 2039940.972  
Y: 131676.416

DATE STAKED: 06-22-2012



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.

GRAPHIC SCALE IN FEET

1000 500 0 1000

MF

SHEET NO.: 1 OF 3

DRAWN BY:

PLOT DATE: 08-22-2012

REVISION  
ADDED BHL (08-22-2012)

SCALE: 1" = 1000'

G:\102009-00\{SANDRIDGE ENERGY\}\SUR\DWG\WELL-PLATS\HAMMER\_SWD\_3510\_1-1\HAMMER SWD 3510 1-1.DWG 8/22/2012 3:13:47 PM SA1236