

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1093194

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

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: \_\_\_\_\_



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. 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:				

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
____ Perforate				
____ Protect Casing				
____ Plug Back TD				
____ 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 (Amount and Kind of Material Used)		Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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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



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

Mark Sievers, Chairman  
Thomas E. Wright, Commissioner

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

# Mid-Continent Conductor, LLC

## Invoice

P.O. Box 1570  
Woodward, OK 73802

Phone: (580)254-5400

Fax: (580)254-3242

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 1-1SWD, 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
<div>AFE Number: <u>1-C/2345</u></div> <div>Well Name: <u>hammer 1-1 SWD</u></div> <div>Code: <u>830 010</u></div> <div>Amount: <u>12,000</u></div> <div>Co. Man: <u>M. B. P.</u></div> <div>Co. Man Sig.: <u>M. B. P.</u></div> <div>Notes: _____</div>		
		<div>Subtotal\$12,000.00</div> <div>Sales Tax (0.0%)\$0.00</div>
		<div>Total\$12,000.00</div>

JOB SUMMARY				PROJECT NUMBER <b>SOK 1801</b>	TICKET DATE <b>08/23/12</b>
COUNTY <b>Barber</b>	State <b>Kansas</b>	COMPANY <b>Bridge Exploration &amp; Produc</b>		CUSTOMER REP <b>0</b>	
LEASE NAME <b>Hammer</b>	Well No. <b>10 1-1 SV</b>	JOB TYPE <b>Surface</b>		EMPLOYEE NAME <b>NATHAN COTTA</b>	

EMP NAME <b>NATHAN COTTA</b>	GALE		
<b>MIKE CHALFANT</b>			
<b>TREYVON</b>			
<b>DANNY T.</b>			

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

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

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

Retainer Depth \_\_\_\_\_ Total Depth **950**

Tools and Accessories		
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

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	

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

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Date	Called Out	On Location	Job Started	Job Completed
	<b>8.23.12</b>	<b>8.23.12</b>	<b>8.24.12</b>	<b>8.24.12</b>
Time	<b>1630</b>	<b>2030</b>	<b>550</b>	<b>710</b>

Well Data							
New/Used	Weight	Size	Grade	From	To	Max. Allow	
Casing	45.4	10 3/4"		Surface		1,600	
Liner							
Liner							
Tubing		0					
Drill Pipe							
Open Hole		12 1/4"		Surface	950	Shots/Ft.	
Perforations							
Perforations							
Perforations							

Hours On Location				Operating Hours				Description of Job	
Date	Hours	Date	Hours						
8.23.12	11.5	8.24.12	2.0					Surface	
Total	11.5	Total	2.0						

Pressures			
MAX	1,500 PSI	AVG.	150
Average Rates in BPM			
MAX	6 BPM	AVG	5
Cement Left in Pipe			
Feet	47	Reason	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:	BBI	10.00	Type: Fresh Water
Breakdown		Lost Returns-N	NO/FULL	Load & Bkdn:	Gal - BBI	N/A	Pad:Bbl -Gal N/A
		Actual TOC	SURFACE	Excess /Return BBI		112	Calc. Disp Bbl 84
Average		Bump Plug PSI:	1,000	Calc. TOC:		SURFACE	Actual Disp. 84.00
cap _____ 5 Min.				Final Circ. PSI:		400	Disp:Bbl 84.00
		10 Min	15 Min	Cement Slurry: BBI		222.0	
				Total Volume BBI		316.00	

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



<b>JOB SUMMARY</b>			PROJECT NUMBER <b>SOK 1831</b>	TICKET DATE <b>09/02/12</b>
COUNTY <b>Barber</b>	State <b>Kansas</b>	COMPANY <b>Sandridge Exploration &amp; Production</b>	CUSTOMER REP <b>Jimmy Durden</b>	
LEASE NAME <b>Hammer SWD</b>	Well No. <b>3510 1-1</b>	JOB TYPE <b>Intermediate</b>	EMPLOYEE NAME <b>0</b>	

EMP NAME					
TYLER MELTON		GALE WOMACK			
Jared Green		DANNY TEWELL			
Emmit Brock					
David Thomas					

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

Packer Type \_\_\_\_\_ Set At **0**  
 Bottom Hole Temp. **155** Pressure \_\_\_\_\_  
 Retainer Depth \_\_\_\_\_ Total Depth **5568**

Tools and Accessories		
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

Materials			
Mud Type	WTM	Density	9 Lb/Gal
Disp. Fluid	Fresh Water	Density	8.33 Lb/Gal
Spacer type	WEIGHTED BBL.		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. \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_

Date	Called Out	On Location	Job Started	Job Completed
	9/6/2012	9/6/2012	9/6/2012	9/6/2012
Time	3:00AM	6:00AM	9:00AM	11:00AM

Well Data						
	Now/Used	Weight	Size	Grade	From	To
Casing		29.7	7 5/8"		Surface	5,648
Liner						
Liner						
Tubing			0			
Drill Pipe						
Open Hole			9 7/8		Surface	5,658
Perforations						Shots/Fl.
Perforations						
Perforations						

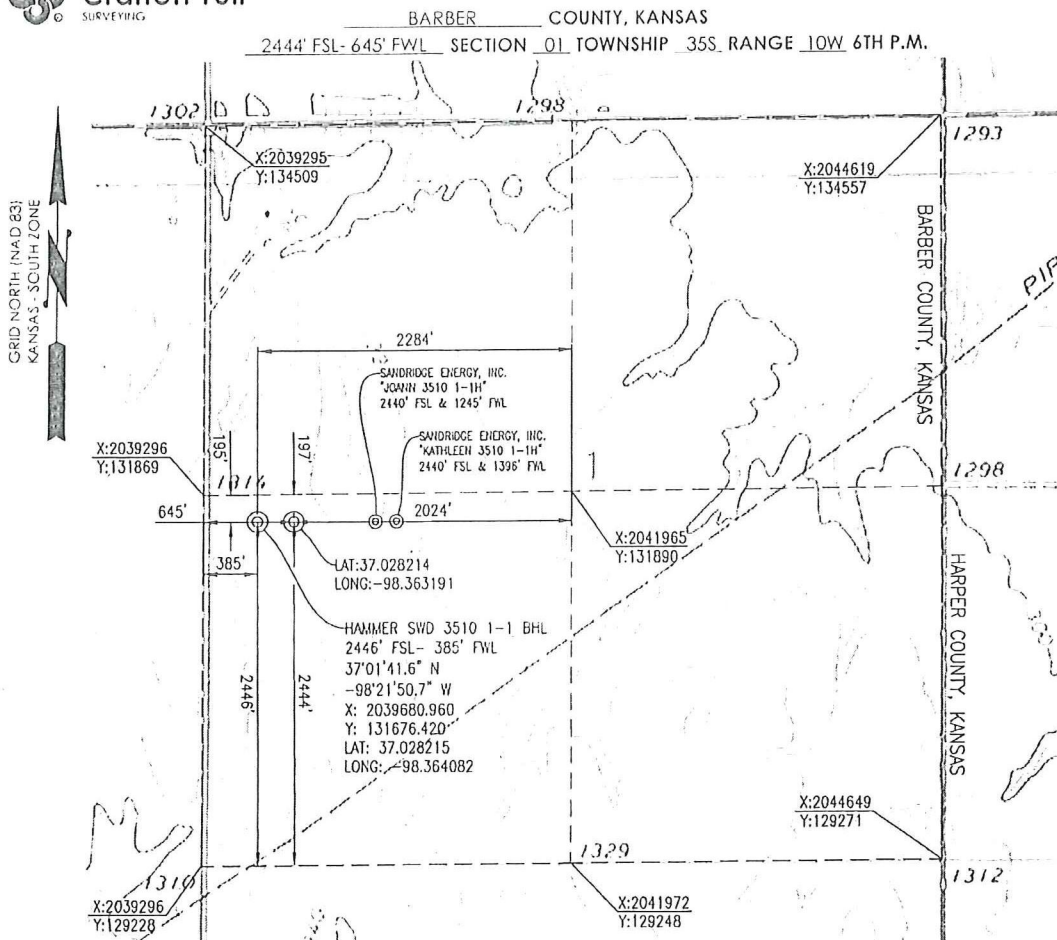
Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
9/6	6.0	9/6	2.0	Intermediate
Total	6.0	Total	2.0	

Pressures			
MAX	1450	AVG	300
Average Rates in BPM			
MAX	7	AVG	5.5
Cement Left in Pipe			
Feet	81	Reason	SHOE JOINT

Cement Data				W/Rq.	Yield	Lbs/Gal
Stage	Sacks	Cement	Additives			
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	5.20	1.18	15.60
3	0	0		0	0.00	0.00

Summary			
Preflush	Type: _____	Preflush: BBI	26.00
Breakdown	MAXIMUM	Load & Bkdn: Gal - BBI	N/A
	Lost Returns-N	Excess /Return BBI	N/A
	Actual TOC	Calc. TOC:	
Average	Bump Plug PSI:	Final Circ. PSI:	
	10 Lb	Cement Slurry: BBI	
		Total Volume BBI	338.50

CUSTOMER REPRESENTATIVE *Mat 738* SIGNATURE



OPERATOR: SANDRIDGE ENERGY, INC.

WELL NO: 1-1

ELEVATION:  
1317' GR. AT STAKE

LEASE NAME: HAMMER SWD 3510

TOPOGRAPHIC & VEGETATION: LOCATION FELL IN A FIELD

GOOD DRILL SITE: YES  
REFERENCE STAKES OR ALTERNATE LOCATION  
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 ±4.0 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, T35S-R10W.

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

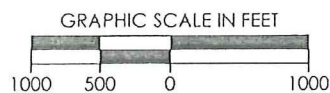
GPS  
DATUM: NAD-27  
LAT: 37.028214  
LONG: -98.363191

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.



REVISION	SandRidge
△ ADDED BHL (08-22-2012)	"HAMMER SWD 3510 1-1"
	PART OF THE SW 1/4 OF SECTION 01, T-35-S, R-10-W
	PROPOSED DRILL SITE
	BARBER COUNTY, KANSAS
SCALE: 1" = 1000'	
PLOT DATE: 08-22-2012	DRAWN BY: MF SHEET NO.: 1 OF 3