



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1099788
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: _____



1099788

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: 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

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> _____ <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
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

November 05, 2012

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

Re: ACO1
API 15-063-22022-01-00
Lundgren 1429 1-21H
SW/4 Sec.21-14S-29W
Gove 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.

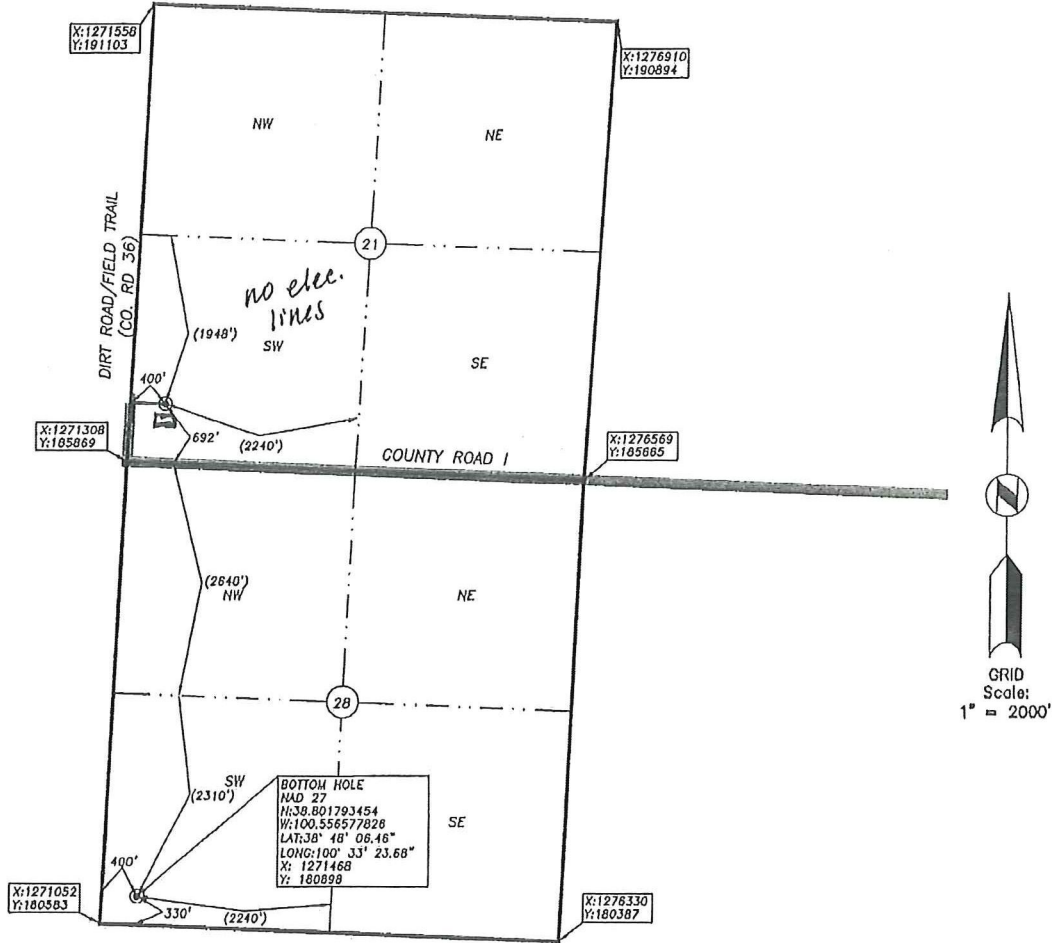
Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Wanda Ledbetter

BHC RHODES

CIVIL ENGINEERS & SURVEYORS
 901 N. 8th Street, Suite 100 Kansas City, KS 66101 * p. (913) 371-5300 * f. (913) 371-2677
 BHC RHODES is a trademark of Brungardt Honamickl & Company, P.A.

GOVE County, Kansas 692' FSL & 400' FWL Section 21 Township 14 Range 29 P.M.



BOTTOM HOLE INFORMATION PROVIDED BY OPERATOR LISTED, NOT SURVEYED. CORNER COORDINATES ARE TAKEN FROM POINTS SURVEYED IN THE FIELD.

Distances shown in parentheses are calculated based upon the Quarter Section being 2640 feet, those shown in [brackets] are based on GLO (General Land Office) distances and have NOT been measured on the ground.

ELEVATION:
 2622'

Operator: SandRidge Energy, Inc.
 Lease Name: Lundgren 1429 Well No: 1-21H
 Topography & Vegetation: Agricultural dry land farm ground

Reference Stakes or Alternate Location

Good Drill Site? Yes Stakes Set: _____
 Best Accessibility to Location: From North & East by paved and gravel roads
 Distance & Direction from Hwy Jct or Town: From Town of Gove, South on KS-23 ±10.1 mi., then right (West) on Co. Rd. 1 for ±3.0 mi., then right (North) on Dirt Road/Field Trail (Co. Rd. 36) for ±0.13 mi., Site is on the right (East) side.

Invoice No.: _____
 BHC Rhodes Job No.: 016330.00.18
 Field: AH Office: MSF
 DATUM: NAD 27
 LAT: 38.817304024
 LONG: 100.556180393
 LAT: 38° 49' 02.29"
 LONG: 100° 33' 22.25"
 STATE PLANE
 COORDINATES: (U.S. FEET)
 ZONE: NORTH 1501 KS
 X: 1271740.473
 Y: 186541.266

Date of Drawing: 2012-06-26 Date Staked: 2012-06-25

CERTIFICATE:

I, Michael D. Klein a Kansas License Land surveyor and a authorized agent of BHC Rhodes, do hereby certify that the above described well location was surveyed and staked on the ground as shown herein.

Kansas Lic. No. 778





*****Conductor, Rat and Mouse Hole Drilling Services*****

Ticket

Company:

Date: 7/22/2012

Sandridge

Drill Rig: Lariate 19	Location: Lane County	Lease Name: Lundgren #1-21H AFE# DC12285
120' of 30" Drilled Conductor Hole 120' of 20" Conductor Pipe(.250 wall) 82ppf 6'x6' Cellar Tinhorn W/Protective Ring Drill & Install cellar 75' of 20" Drilled Moushole 75' of 16" Moushole Pipe Mobilization of Equipment & Road Permitting Fee Welding Services for Pipe & Lids Provided Equipment & Labor for Dirt Removal Provided Personal to Facilitate Diggtess(One Call) Provide Metal for Lids(1 for the Conductor and 2 for the Mouse hole pipe) 11 1/2 Yards of 4500PSI concrete Poured down the back side of Conductor Pipe		AFE Number: <u>DC 12285</u> Well Name: <u>Lundgren 1-21H</u> Code: <u>850.010</u> Amount: <u>28,680.00</u> Co. Man: <u>Emil Paulson</u> Co. Man Sig.: <u>[Signature]</u> Notes: _____
Comments: Thank You For Your Business If a caving formation and (or) water is found addition fee(s) will be add to cover the cost of tank trucks, vacuum trucks, and cement pump trucks. Prices figured on non-rocky soil conditions, if rock is present then there will be a surcharge.		Total \$28,680.00