



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1155920
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 |
|-----------------------------------|-----------------|---|

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: _____



1155920

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 |
|--|---|

| 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 |
|----------------|-------|---------|------------|---|

| | |
|---|--|
| 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> _____ |
|---|--|

| 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> _____ <i>(Submit ACO-4)</i> | PRODUCTION INTERVAL: _____ _____ |
|--|---|---|

| | |
|-----------|--|
| Form | ACO1 - Well Completion |
| Operator | SandRidge Exploration and Production LLC |
| Well Name | Madison SWD 3304 1-24 |
| Doc ID | 1155920 |

Tops

| Name | Top | Datum |
|--------------------------|------|-------|
| Base Heebner | 2780 | |
| Tonkawa | 3115 | |
| Cottage Grove | 3425 | |
| Oswego Limestone | 3776 | |
| Cherokee Group | 3889 | |
| Verdigris | 3925 | |
| Mississippi Unconfomrity | 4098 | |
| Mississippi Lime | 4114 | |
| Kinderhook | 4452 | |
| Woodford | 4499 | |
| Simpson | 4521 | |
| Simpson Shale | 4606 | |
| Oil Creek | 4652 | |
| Arbuckle | 4663 | |

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

August 21, 2013

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

Re: ACO1
API 15-191-22686-00-00
Madison SWD 3304 1-24
NE/4 Sec.24-33S-04W
Sumner 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



INVOICE

| | |
|-----------|-----------|
| DATE | INVOICE # |
| 6/28/2013 | 4039 |

| |
|--|
| BILL TO |
| SANDRIDGE ENERGY, INC. ATTN: PURCHASING MANAGER 123 ROBERT S. KERR AVENUE OKLAHOMA CITY, OK 73102 |

| |
|---|
| REMIT TO |
| EDGE SERVICES, INC. PO BOX 609 WOODWARD, OK 73802 |

| COUNTY | STARTING D... | WORK ORDER | RIG NUMBER | LEASE NAME | Terms |
|-----------------------|---------------|------------|------------|-----------------------|---------------|
| SEMINOL HARPER, KS | 6/26/2013 | 3179 | PISTOL 7 | MADISON 3304 1-24 SWD | Due on rec... |

Description

DRILLED 40' OF 30" CONDUCTOR HOLE
 DRILLED 6' OF 76" HOLE
 FURNISHED AND SET 6' X 6' TINHORN CELLAR
 FURNISHED 40' OF 20" CONDUCTOR PIPE
 FURNISHED 25' MDUSE HOLE SHUCK
 FURNISHED 35' RAT HOLE SHUCK
 FURNISHED 4 YARDS OF GRADE A CEMENT
 DRILL RAT AND MOUSE HOLES
 PER COMPANY MAN ORDERS, RETURNED TO LOCATION AND SET 40' OF CONDUCTOR

TOTAL BID \$ 9,250.00

AFE Number: DC 12883
 Well Name: Madison 3304 1-24 SWD
 Code: 850.010
 Amount: \$ 9,349.04
 Co Man. Saltus Fortuna
 Operator Sig.: [Signature]

| | |
|------------------|-------------------|
| Sales Tax (6.3%) | \$99.04 |
| TOTAL | \$9,349.04 |

| |
|--|
| API No. 15-191-22686-00-00 |
| OTC/OCC Operator No. 34192-0 |

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 34192-0 | | |
| *Well Name/No. Madison SWD 3304 1-24 | County Sumner | | |
| *Location 1/4 1/4 1/4 1/4 | Sec 24 | Twp 33S | Rge 4W |

| Cement Casing Data | Conductor Casing | Surface Casing | Alternative Casing | Intermediate Casing | Production String | Liner |
|--|------------------|--------------------------------|--------------------|---------------------|-------------------|-------|
| Cementing Date | | 7/14/2013 | | | | |
| *Size of Drill Bit (Inches) | | 12 1/4" | | | | |
| *Estimated % wash or hole enlargement used in calculations | | 125% | | | | |
| *Size of Casing (inches O.D.) | | 8 5/8" | | | | |
| *Top of Liner (if liner used) (ft.) | | N/A | | | | |
| *Setting Depth of Casing (ft.) from ground level | | 391.4 | | | | |
| Type of Cement (API Class) | | O-TEX Lite Premium Plus | | | | |
| In first (lead) or only slurry | | Premium Plus (Class C) | | | | |
| In second slurry | | N/A | | | | |
| In third slurry | | N/A | | | | |
| Sacks of Cement Used | | 145 | | | | |
| In first (lead) or only slurry | | 50 | | | | |
| In second slurry | | N/A | | | | |
| In third slurry | | N/A | | | | |
| Vol of slurry pumped (Cu ft)(14.X15.) in first (lead) or only slurry | | 266.8 | | | | |
| In second slurry | | 66 | | | | |
| In third slurry | | N/A | | | | |
| Calculated Annular Height of Cement behind Pipe (ft) | | Surface | | | | |
| Cement left in pipe (ft) | | 46.55 | | | | |

*Amount of Surface Casing Required (from Form 1000) _____ ft.

| | |
|--|--|
| *Was cement circulated to Ground Surface? <input checked="" type="checkbox"/> Yes <input 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: O-TEX Lite Premium Plus 65/35: (6% Gel) 2% Calcium Chloride - ¼pps Cello-Flake - .5% C-41P *
Cement # 2: Premium Plus (Class C): 2% Calcium Chloride - ¼pps Cello-Flake * Cement #3: Premium Plus (Class C): *2% Calcium Chloride on side to use if necessary *
Cement #4: : * Cement #5: :

*Remarks

CEMENTING COMPANY

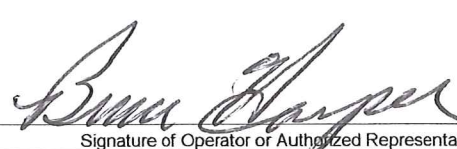
I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that the cementing of casing in this well as shown in the report was performed by me or under my supervision, and that the cementing data and facts presented on both sides of this form are true, correct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



Signature of Cementer 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

John Hall

O-TEX Pumping LLC

Address

7303 N. Hwy 81

City

Duncan

State

OK

Zip

73533

Telephone (AC) Number

580-251-9919

Date

July 14, 2013

*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.**

JOB SUMMARY

| | | | | | |
|--|--|---------------------------------|--|---|--|
| PROJECT NUMBER SOK 2902 | | | TICKET DATE 07/20/13 | | |
| COUNTY Sumner | | State Oklahoma | | COMPANY Sandridge Exploration & Production | |
| LEASE NAME Madison SWD 3304 | | | Well No. 1-24 | JOB TYPE Production | |
| EMP NAME Ricky Stephens | | | CUSTOMER REP Bruce Harper | | |
| EMP NAME Rickey Stephens | | | EMPLOYEE NAME Rickey Stephens | | |

| | | | | | |
|----------------|---|--|--|--|--|
| Ricky Stephens | 0 | | | | |
| Vontray | | | | | |
| Nate Cotta | | | | | |
| Brett Armer | | | | | |

Form. Name _____ Type: _____

Packer Type _____ Set At 0

Bottom Hole Temp. 140° Pressure _____

Retainer Depth _____ Total Depth 4,825'

| Date | Called Out | On Location | Job Started | Job Completed |
|------|------------|-------------|-------------|---------------|
| | 7/20/2013 | 7/20/2013 | 7/20/2013 | 7/20/2013 |
| Time | 00:00 | 02:00 | 05:45 | 08:00 |

| 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 |
| Casing | | 17# | 5½" | | Surface | |
| Liner | | | | | | |
| Liner | | | | | | |
| Tubing | | | 0 | | | |
| Drill Pipe | | | | | | |
| Open Hole | | | 7 7/8" | | Surface | 4,825' |
| Perforations | | | | | | Shots/Ft. |
| Perforations | | | | | | |
| Perforations | | | | | | |

| Materials | | | |
|---------------|------------------|---------|--------|
| Mud Type | WBM | Density | Lb/Gal |
| Disp. Fluid | Fresh Water | 8.33 | Lb/Gal |
| Spacer type | Fresh 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 | |
| 7/20 | 6.0 | 7/20 | 2.0 | Production |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | 6.0 | Total | 2.0 | |

Perfpac Balls _____ Qty. _____

Other _____

Other _____

Other _____

Other _____

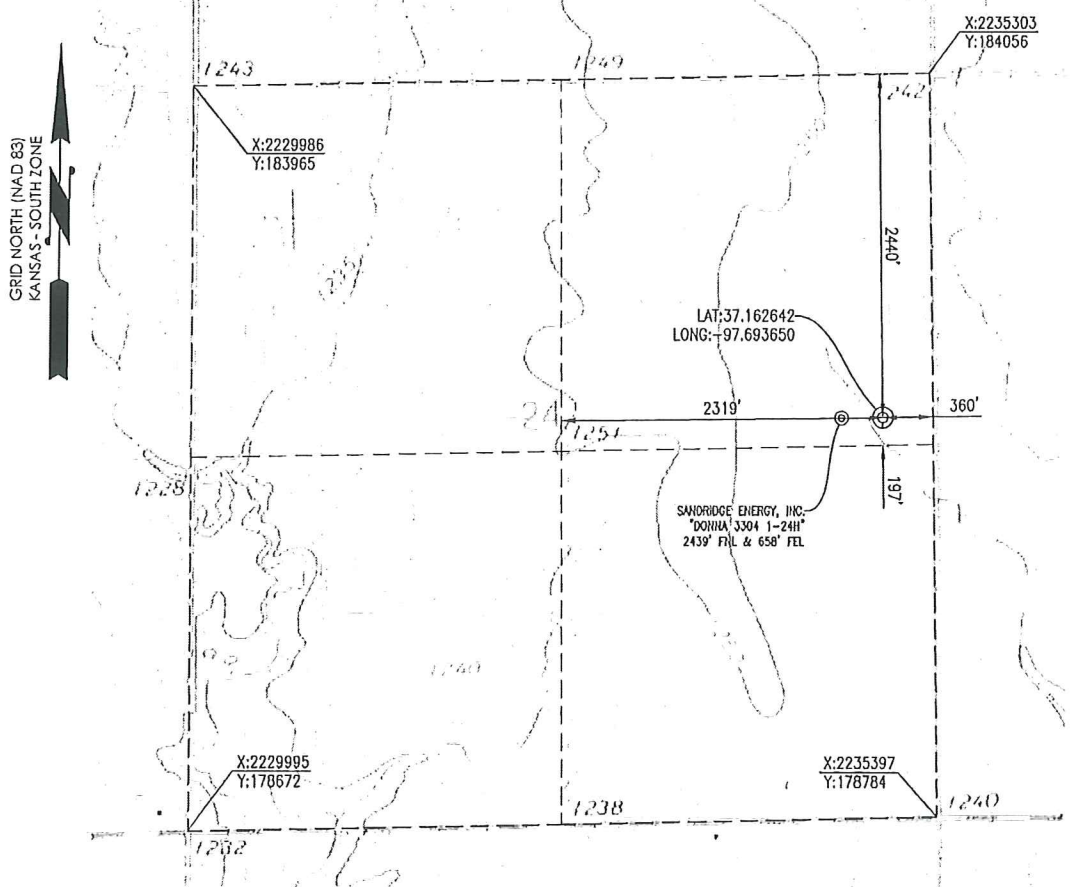
| Pressures | | | |
|----------------------|-----------|--------|------------|
| MAX | 5,000 PSI | AVG | 500 |
| Average Rates in BPM | | | |
| MAX | 5 BPM | AVG | 4 |
| Cement Left in Pipe | | | |
| Feet | 47 | Reason | SHOE JOINT |

| Cement Data | | | | | | |
|-------------|-------|-------------------|--|-------|-------|---------|
| Stage | Sacks | Cement | Additives | W/Rq. | Yield | Lbs/Gal |
| 1 | 365 | 50/50 POZ PREMIUM | 4% Gel - 0.4% C-15 - 0.4% C-41P - 2pps Kolseal | 11.56 | 2.07 | 12.00 |
| 2 | 265 | Premium | 0.4% FL-17 - 0.1% C-20 - 0.4% C-41P | 8.60 | 1.64 | 13.60 |
| 3 | 0 | 0 | | 0.00 | 0.00 | 0.00 |

| Summary | | | | | | | |
|--------------------|--------|---------------------|------------------------|--------|---------------------------|--------|--|
| Preflush Breakdown | 15 | Type: barite/spacer | Preflush: BBI | 30.00 | Type: 10ppg Barite Spacer | | |
| | | MAXIMUM | Load & Bkdn: Gal - BBI | N/A | Pad:Bbl -Gal | N/A | |
| | | Lost Returns-N | Excess /Return BBI | N/A | Calc. Disp Bbl | 111 | |
| | | Actual TOC | Calc. TOC: | 2.700 | Actual Disp. | 111.00 | |
| Average | | Bump Plug PSI: | Final Circ. PSI: | 800 | Disp:Bbl | 111.00 | |
| .SIP | 5 Min. | 10 Min. | Cement Slurry: BBI | 211.4 | | | |
| | | 15 Min. | Total Volume BBI | 352.40 | | | |

CUSTOMER REPRESENTATIVE _____ SIGNATURE _____

SUMNER COUNTY, KANSAS
 2440' FNL- 360' FEL SECTION 24 TOWNSHIP 33S RANGE 04W 6TH P.M.



ELEVATION:
 1238' GR. AT STAKE

OPERATOR: SANDRIDGE ENERGY, INC. WELL NO: 1-24 SWD

LEASE NAME: MADISON 3304

TOPOGRAPHIC & VEGETATION: LOCATION FELL IN A FIELD

GOOD DRILL SITE: YES REFERENCE STAKES OR ALTERNATE LOCATION STAKES SET: NONE

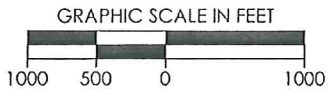
BEST ACCESSIBILITY TO LOCATION: EAST LINE

DISTANCE & DIRECTION FROM HWY JCT OR TOWN: FROM THE JCT. OF KS-44/W 90TH ST S & S BLUFF RD (±18.70 MILES WEST OF ANTHONY, KS) TRAVEL NORTH ON S BLUFF RD FOR ±0.50 MILES TO THE EAST 1/4 CORNER OF SECTION 24, T33S-R04W.

| | | |
|--|---|--|
| (THE FOLLOWING INFORMATION WAS GATHERED USING A GPS RECEIVER ACCURACY ±2-3 METERS) | GPS DATUM: NAD-27 LAT: 37.162642 LONG: -97.693650 | STATE PLANE COORDINATES: ZONE: KS-SOUTH NAD-27 X: 2234985.758 Y: 181610.040 |
|--|---|--|

DATE STAKED: 03-26-2013

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 | |
| | | "MADISON 3304 1-24 SWD" PART OF THE NE 1/4 OF SECTION 24, T-33-S, R-04-W PROPOSED DRILL SITE SUMNER COUNTY, KANSAS | |
| | | SCALE: 1" = 1000' | |
| | | PLOT DATE: 03-27-2013 | DRAWN BY: MF SHEET NO.: 1 OF 3 |