## INVOICE

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

| V          | BITE         |
|------------|--------------|
| . <u>]</u> |              |
|            | Woodward, OK |

BILL TO

SANDRIDGE ENERGY, INC. ATTN: PURCHASING MANAGER 123 ROBERT S. KERR AVENUE DKLAHOMA CITY, OK 73102

REMIT TO

EDGE SERVICES, INC. PO BOX 609 WOODWARD, OK 73802

| COUNTY STARTING D WORK ORD |           | WORK ORDER | RIG NUMBER | LEASE NAME            | Terms      |  |
|----------------------------|-----------|------------|------------|-----------------------|------------|--|
| SUMMER 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: \_

Well Name: Madison

Code: 850,010

Amount #

**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 OCC District                              |                     |                            |                       |  |                 |                      |       |  |  |
|--|---------------------|----------------------------|-----------------------|--|-----------------|----------------------|-------|--|--|
| *Field Name 0  | Name 0              |                            |                       |  |                 |                      |       |  |  |
| Sandridge Exploration & Production 34192-0                           |                     |                            |                       |  |                 |                      |       |  |  |
| *Well Name/No. Madison SWD 3304 1-2                                  | County Sumner       |                            |                       |  |                 |                      |       |  |  |
| *Location 1/4 1/4 1/4  | 1/4                 | Sec                        | 24                    | Twp  | 33S             | Rge                  | 4W    |  |  |
|  |                     |                            |                       |  |                 |                      |       |  |  |
| Cement Casing Data   | Conductor<br>Casing | Surface<br>Casing          | Alternative<br>Casing | 1  | nediate<br>sing | Production<br>String | Liner |  |  |
| Cementing Date   |                     | 7/14/2013                  |                       |  |                 |                      |       |  |  |
| *Size of Drill Bit (Inches)  |                     | 121/4"                     |                       |  |                 |                      |       |  |  |
| *Estimated % wash or hole enlargement used in calculations           |                     | 125%                       |                       |  |                 |                      |       |  |  |
| *Size of Casing (inches O.D.)  |                     | 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) In first (lead) or only slurry            |                     | O-TEX Lite<br>Premium Plus |                       |  |                 |                      |       |  |  |
| In second slurry   |                     | Premium Plus<br>(Class C)  | -                     |  |                 |                      |       |  |  |
| In third slurry  |                     | N/A                        |                       |  |                 |                      |       |  |  |
| Sacks of Cement Used<br>In first (lead) or only slurry               |                     | 145                        |                       | -  |                 |                      |       |  |  |
| In second slurry   |                     | 50                         |                       |  |                 |                      |       |  |  |
| In third slurry  |                     | N/A                        |                       |  |                 |                      |       |  |  |
| Vol of slurry pumped (Cu ft)(14.X15.) in first (lead) or only slurry |                     | 266.8                      |                       | and the second   |                 |                      |       |  |  |
| In second slurry   |                     | 66                         |                       |  |                 |                      |       |  |  |
| In third slurry  |                     | N/A                        |                       | And the second s |                 |                      |       |  |  |
| Calculated Annular Height of Cement<br>behind Pipe (ft)              |                     | Surface                    |                       |  |                 |                      |       |  |  |
| Cement left in pipe (ft)   |                     | 46.55                      |                       |  |                 |                      |       |  |  |
| Certifient of the pipe (ii)  |                     |                            |                       |  |                 |                      |       |  |  |
| *Amount of Surface Casing Required (from Form 100                    | 00)                 |                            | ft                    |  |                 |                      |       |  |  |
| *Was cement circulated to Ground Surface?                            | ✓ Yes               | □ No                       | *Was Cement St        | aging Tool (DV T   | ool) used?      | Yes                  | √ No  |  |  |

\*If Yes, at what depth?

No (If so, Attach Copy)

Yes

\*Was Cement Bond Log run?

| Remarks Cement #1: O-TEX Lite Premiur Calcium Chloride - ¼pps Cello- Cement # 2: Premium Plus (Cla ¼pps Cello-Flake * Cement C): *2% Calcium Chloride on sic Cement #4: : * Cement #5: :  | Flake5% C-41P *<br>ss C): 2% Calcium Chloride<br>#3: Premium Plus (Class                       | *Remarks   |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| CEMENTING (   | COMPANY  |  | OPERATOR                                   |  |  |  |  |
| declare under applicable Corporation am authorized to make this certification casing in this well as shown in the report under my supervision, and that the coresented on both sides of this form a complete to the best of my knowledge. Covers cementing data only. | n, that the cementing of ort was performed by me cementing data and facts re true, correct and | 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 Cementer or Au   | thorized Representative  | J.M.<br>Signatu  | e of Operator of Authorized Representative |  |  |  |  |
| Name & Title Printed or Typed   |  | *Name & Title Printed or Ty  | rped                                       |  |  |  |  |
| John H  | lall   |  |  |  |  |  |  |
| O-TEX Pump  | oing LLC   | *Operator  |  |  |  |  |  |
| Address   |  | *Address   |  |  |  |  |  |
| 7303 N. H   | wy 81  |  |  |  |  |  |  |
| Dunca<br>Dunca  | an   | *City  |  |  |  |  |  |
| State   | Zip  | *State   | *Zip                                       |  |  |  |  |
| OK  | 73533  |  |  |  |  |  |  |
| Felephone (AC) Number 580-251-  | 0010   | *Telephone (AC) Number   |  |  |  |  |  |
|   | 9919   | *Date  |  |  |  |  |  |
| Date<br>July 14, 2013   |  | 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                                      |   |                                    |                     |          | SOK 2902      |                      |                               | 07/20/13    |                               |                        |             |                    |  |
|--|---|------------------------------------|---------------------|----------|---------------|----------------------|-------------------------------|-------------|-------------------------------|------------------------|-------------|--------------------|--|
| Sumner   | State   | Sandridge Exploration & Production |                     |          |               | 1                    | CUSTOMER REP Bruce Harper     |             |                               |                        |             |                    |  |
| LEASE NAME                                       | Well No.  | JOB TYPE                           |                     |          | EMPLOYEE NAME |                      |                               |             |                               |                        |             |                    |  |
| Madison SWD 3304 1-24 Production Rickey Stephens |   |                                    |                     |          |               |                      |                               |             |                               |                        |             |                    |  |
| Ricky Stephens                                   | 1 10  |                                    |                     | T        | ī             |                      |                               | <del></del> |                               |                        |             |                    |  |
| Vontray  |   |                                    |                     | $\vdash$ | $\vdash$      |                      |                               |             | +                             |                        |             |                    |  |
| Nate Cotta                                       |   |                                    |                     |          |               |                      |                               |             |                               |                        |             |                    |  |
| Brett Armer                                      |   |                                    |                     |          |               |                      |                               |             |                               |                        |             |                    |  |
| Form. Name                                       | Type:   |                                    |                     | 10       | 11            |                      | 10 1 1                        |             |                               |                        |             |                    |  |
| Packer Type ——                                   | Set At  |                                    | Date                | Ca       | lled (        | 0/2013               | On Location 7/20/2            |             |                               | Started 7/20/2013      |             | mpleted<br>20/2013 |  |
|  | 40° Pressu  | ire                                | Date                |          |               | 372313               | 112012                        | 0.10        |                               | /20/2010               | '''         | .0/20 10           |  |
| Retainer Depth                                   | Total D   | epth 4,825'                        | Time                | <u> </u> | 00:           | :00                  | 02:00                         |             |                               | 05:45                  | 0:          | 3:00               |  |
| Type and Size                                    | d Accessorie                                      | S<br>Make                          |                     |          | _             | New/Used             | Well [<br>Weight              |             | lobe                          | From                   | To          | Max. Allow         |  |
| Auto Fill Tube                                   | 0   | IR                                 | Casing              |          | т'            | Newlosed             | 17#                           | 5½"         |                               | Surface                | 10          | 5,000              |  |
| Insert Float Val                                 | 0   | IR                                 | Liner               |          |               |                      |                               |             |                               |                        |             |                    |  |
| Centralizers                                     | 0   | IR                                 | Liner               |          |               |                      |                               |             |                               |                        |             |                    |  |
| Top Plug<br>HEAD                                 | 1 1   | IR<br>IR                           | Tubing              |          | $\dashv$      |                      | -                             | 0           | +                             |                        |             |                    |  |
| Limit clamp                                      | <del>                                      </del> | IR IR                              | Drill Pip<br>Open H |          |               |                      |                               | 7 7/8"      |                               | Surface                | 4,825       | Shots/Ft.          |  |
| Weld-A   | 0   | İR                                 | Perfora             |          |               |                      |                               | 1 110       |                               | Juniado                | 4,020       | OHOISH L.          |  |
| Texas Pattern Guide Shoe                         | 0   | IR                                 | Perfora             |          |               |                      |                               |             | 工                             |                        |             |                    |  |
| Cement Basket Mat                                | erials  | IR                                 | Perfora             |          |               | ion                  | Operating                     | Houre       | L                             | Decerin                | tion of Joh |                    |  |
| Mud Type WBM                                     | Density   | 9 Lb/Gal                           | Date Hours          |          |               | Date                 | Date Hours                    |             | Description of Job Production |                        |             |                    |  |
| Disp. Fluid Fresh Water                          | Density   | 8.33 Lb/Gal                        | 7/20                | )        | 1             | 6.0                  | 7/20                          | 2.0         | $\Box$                        | Froduct                |             |                    |  |
| Spacer type Spacer type Caustic B                | BL. 20<br>BL. 10                                  | 8.33<br>8.40                       | <b> </b>            |          | $\vdash$      |                      |                               | -           | $\dashv$                      |                        |             |                    |  |
| Acid Type G                                      | Sal.  | %                                  |                     |          |               |                      |                               |             |                               |                        |             |                    |  |
|  | al.   | %                                  |                     |          |               |                      |                               |             |                               | -                      |             |                    |  |
|  | Bal<br>Bal.                                       | .ln<br>.ln                         |                     |          | $\vdash$      |                      |                               |             | -                             |                        |             |                    |  |
| Fluid Loss G                                     | al/Lb   | in                                 |                     |          | $\vdash$      |                      |                               |             |                               |                        |             |                    |  |
| Gelling Agent Gal/Lb In                          |   |                                    |                     |          |               |                      |                               |             |                               |                        |             |                    |  |
| Fric. RedGal/LbIn                                |   |                                    |                     |          | <u> </u>      | 6.0                  | Total                         | 2.0         | $\dashv$                      |                        |             |                    |  |
|  |   | .ln                                | Total               |          | <u> </u>      | 0.0                  | iolai                         | 2.0         |                               |                        |             |                    |  |
| Perfpac Balls                                    | Qty.  |                                    |                     |          |               |                      | Pro                           | essures     |                               |                        |             |                    |  |
| Other  |   |                                    | MAX                 |          | 5.00          | 0 PSI                | AVG.                          | 50          |                               |                        |             |                    |  |
| Other  |   |                                    | MAX                 |          | 5 1           | врм                  | Average Rates in BPM<br>AVG 4 |             |                               |                        |             |                    |  |
| Other  |   | _                                  | 1412.123            |          |               |                      |                               | Left in P   |                               |                        |             |                    |  |
| Other  |   |                                    | Feet                |          |               | 47                   | Reason                        | SHOE J      | OINT                          |                        |             |                    |  |
|  |   |                                    | _                   |          |               |                      |                               |             |                               |                        |             |                    |  |
| Stage Sacks Cer                                  | ment  |                                    | Additive            |          | ent Da        | ata                  |                               |             |                               | W/Rq.                  | Viald       | Lbs/Gal            |  |
| 1 365 50/50 POZ                                  | PREMIUM   | 4% Gel - 0.4% C-1                  | 5 - 0.4% 0          | 2-41     | P - 21        | pps Kolse            | al                            |             |                               | 11.56                  |             | 12.00              |  |
| 2 265 Pres                                       | mium  | 0.4% FL-17 - 0.1%                  | C-20 - 0.4          | 4% (     | C-41F         | )                    |                               |             |                               | 8.60                   | 1.64        | 13.60              |  |
| 3 0  | 0   |                                    |                     |          |               |                      |                               |             |                               | 0.00                   | 0.00        | 0.00               |  |
|  |   |                                    |                     | _        |               |                      |                               |             |                               | +                      |             |                    |  |
|  |   |                                    | Sur                 | nma      | arv           |                      |                               |             |                               |                        |             |                    |  |
| Preflush 15                                      | Type:   |                                    | e/spacer            | 111116   | Pref          |                      | BBI                           | 30.0        | )Ò                            | Type:                  | 10ppg Bar   | ite Spacer         |  |
| Breakdown  | MAXIM   |                                    | 000 PSI             |          |               |                      | Gal - BBI                     | N/A         |                               | Pad:Bbl                |             | ΝΆ                 |  |
|  | Lost Re   |                                    | NO/FULL             |          | Calc          | ess /Retur<br>. TOC: | II BBI                        | 2.70        |                               | _ Calc.Dis<br>Actual D |             | 111                |  |
| Average  | Bump F  | Plug PSI:                          | 1,300               |          | Final         | l Circ.              | PSI:                          | 800         | )                             | Disp:Bbl               |             | 111.00             |  |
| ,sip5 Min  | 10 Min  | 15 Mi                              | n                   |          |               | ent Slurn            |                               | 352.4       |                               |                        |             |                    |  |
|  |   |                                    |                     |          | Tota          | l Volume             | BBI                           | 302.        | 1                             |                        |             |                    |  |
| W  |   |                                    |                     |          |               |                      |                               |             |                               |                        |             |                    |  |
| CUSTOMER REPR                                    | ESENTATI  | /E                                 |                     |          |               |                      |                               |             |                               |                        |             |                    |  |
|  |   |                                    | V2                  |          |               |                      | SIGNATURE                     |             |                               |                        |             |                    |  |