



**INVOICE**

DATE	INVOICE #
6/28/2013	4039

<b>BILL TO</b>
SANDRIDGE ENERGY, INC. ATTN: PURCHASING MANAGER 123 ROBERT S. KERR AVENUE OKLAHOMA CITY, OK 73102

<b>REMIT TO</b>
EDGE SERVICES, INC. PO BOX 609 WOODWARD, OK 73802

COUNTY	STARTING D...	WORK ORDER	RIG NUMBER	LEASE NAME	Terms
SEMPER 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  
 Man Sig.: [Signature]

<b>Sales Tax (6.3%)</b>	\$99.04
<b>TOTAL</b>	\$9,349.04

API No. <b>15-191-22686-00-00</b>
OTC/OCC Operator No. <b>34192-0</b>

**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 <b>0</b>	OCC District		
*Operator <b>Sandridge Exploration &amp; Production</b>	OCC/OTC Operator No <b>34192-0</b>		
*Well Name/No. <b>Madison SWD 3304 1-24</b>	County <b>Sumner</b>		
*Location 1/4      1/4      1/4      1/4	Sec <b>24</b>	Twp <b>33S</b>	Rge <b>4W</b>

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

\*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**

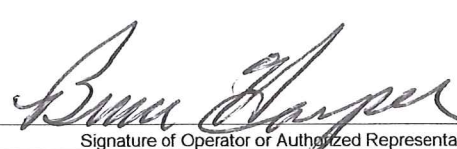
I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that the cementing of casing in this well as shown in the report was performed by me or under my supervision, and that the cementing data and facts presented on both sides of this form are true, correct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

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**O-TEX Pumping LLC**

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Address

**7303 N. Hwy 81**

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City

**Duncan**

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State

**OK**

Zip

**73533**

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Telephone (AC) Number

**580-251-9919**

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Date

**July 14, 2013**

\*Name & Title Printed or Typed

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\*Operator

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\*Address

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\*City

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\*State

\*Zip

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\*Telephone (AC) Number

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\*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.**

