



Confidentiality Requested:

Yes  No

**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: \_\_\_\_\_



1160207

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: <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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Renee 2230 1-2
Doc ID	1160207

Tops

Name	Top	Datum
Ft Scott	4506	-1728
Cherokee	4526	-1748
Miss Unc	4661	-1883
St Louis	4686	-1908
Spergen	4758	-1980
Warsaw	4831	-2053
Osage	4944	-2166
Kinderhook	5153	-2375
Viola	5253	-2475
Simpson	5407	-2629
Arbuckle	5425	-2647

Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Renee 2230 1-2
Doc ID	1160207

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
2	4902 - 4906		
2	4881 - 4885		
2	4862 - 4866		
2	4844 - 4848		
2	4814 - 4818		
2	4807 - 4810		
	CIBP	dunp 2 sxs "C" neat cement on top	5110
	4665 - 4781	Frac, 50 bbl 15% NEFE HCL, 60 bbl felled 15%NEFE HCL acid, 3749 bbl Low PH slickwater, 10038# 100 mesh sand, 15823# 40/70 mesh sand, flush w/222bbl slickwater	
		CIBP - 2sks cement on top	



**CONSOLIDATED**  
Oil Well Services, LLC

**REMIT TO**  
Consolidated Oil Well Services, LLC  
Dept. 970  
P.O. Box 4346  
Houston, TX 77210-4346

**MAIN OFFICE**  
P.O. Box 884  
Chanute, KS 66720  
620/431-9210 • 1-800/467-8676  
Fax 620/431-0012

**INVOICE**

Invoice # 261833

Invoice Date: 08/30/2013 Terms: 10/10/30,n/30

Page 1

SANDRIDGE ENERGY INC  
123 ROBERT S KERR AVENUE  
P.O. BOX 1748  
OKLAHOMA CITY OK 73102  
(405) 429-5500

RENEE 2230  
44321  
2-22S-30W  
08-28-2013  
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	220.00	15.8600	3489.20
1118B	PREMIUM GEL / BENTONITE	756.00	.2700	204.12
1107	FLO-SEAL (25#)	55.00	2.9700	163.35

Sublet Performed	Description	Total
9996-130	CEMENT MATERIAL DISCOUNT	-385.67
9995-130	CEMENT EQUIPMENT DISCOUNT	-267.67

Description	Hours	Unit Price	Total
399 CEMENT PUMP (SURFACE)	1.00	1150.00	1150.00
399 EQUIPMENT MILEAGE (ONE WAY)	70.00	5.25	367.50
T-129 TON MILEAGE DELIVERY	1.00	1159.20	1159.20

Amount Due 6814.90 if paid after 09/29/2013

Parts:	3856.67	Freight:	.00	Tax:	253.38	AR	6133.41
Labor:	.00	Misc:	.00	Total:	6133.41		
Sublt:	-653.34	Supplies:	.00	Change:	.00		

Signed \_\_\_\_\_

Date \_\_\_\_\_

BARTLESVILLE, OK  
918/338-0808

EL DORADO, KS  
316/322-7022

EUREKA, KS  
620/583-7664

PONCA CITY, OK  
580/762-2303

OAKLEY, KS  
785/672-8822

OTTAWA, KS  
785/242-4044

THAYER, KS  
620/839-5269

GILLETTE, WY  
307/686-4914

CUSHING, OK  
918/225-2650





**CONSOLIDATED**  
Oil Well Services, LLC

261833

TICKET NUMBER 44321  
LOCATION OAKLEY KS.  
FOREMAN WALT DINKEL  
DAMON M. TRAINING

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
8-28-13	7373	RENEE 2230	2	225	30W	FINNEY	
CUSTOMER		MAILING ADDRESS		TRUCK #	DRIVER	TRUCK #	DRIVER
Sand Ridge Energy		GARDEN CITY N to 6 miles RD E to HWY RD N to MOZZERA RD W SINEO		399	DANE		
CITY		STATE	ZIP CODE	529-T-129	TIM		
SAND RIDGE							

JOB TYPE PLUG HOLE SIZE \_\_\_\_\_ HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT 5 1/2  
CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING 2 7/8 - 20 OTHER 2057 - 984  
SLURRY WEIGHT 14-14.2 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: SAFETY MEETING RIG UP ON LARIAT SERVICES, Connect to 2 7/8 Tubing, Pump 13 BBL water ahead, mixed 100 sks 60/40 por, 4% Gel, 1/4" Flo-Seal, Displace 5 BBL water, Pull Tubing to 984', Pump 6 BBL water ahead, mixed 100 sks 60/40 por, 4% Gel, 1/4" Flo-Seal, Displace 2 BBL water, connect CWC to surface, Pull out of Hole, Top of FF Well w/ 20 sks, Pressure gauges to 500#, Hold

Thanks You  
Walt - Damon + crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1,150.00	1,150.00
5406	70	MILEAGE	5.25	367.50
1131	220 sks	60/40 por	15.86	3,489.20
118B	7.56 #	Bentamite	127	204.12
1107	5.5 #	Flo-Seal	2.97	16.335
5407A	9.46	Ton Mileage Delivery	1.75	1,159.20
				6,533.32
		Less 10% Disc.		- 653.33
				5,880.03
		SALES TAX		253.38
		ESTIMATED TOTAL		6,133.41

Ravin 3737

AUTHORIZATION

Chad Behm TITLE \_\_\_\_\_

DATE \_\_\_\_\_

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

## Summary of Changes

Lease Name and Number: Renee 2230 1-2

API/Permit #: 15-055-21774-00-01

Doc ID: 1160207

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	07/12/2013	09/27/2013
Cementing Purpose Perforate	No	Yes
Cementing Purpose Plug Off Zone	No	Yes
Cementing Purpose Protect Casing	Yes	No
Fluid Mngmt - Chloride Content		15000
Fluid Mngmt - County		Lipscomb, TX
Fluid Mngmt - Dewatering Method		Hauled to Disposal
Fluid Mngmt - Fluid Volume		1660
Fluid Mngmt - Lease Name		unknown
Fluid Mngmt - Operator License		10099

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Fluid Mngmt - Operator Name		Weinett Disposal LLC
Fluid Mngmt - Permit		99999
Fluid Mngmt - Quarter		NW
Fluid Mngmt - Range		43
Fluid Mngmt - Range Direction		West
Fluid Mngmt - Section		10
Fluid Mngmt - Township		79
RePerf	No	Yes
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1138283	../../../../kcc/detail/operatorEditDetail.cfm?docID=1160207
Tubing Packer At	4752	
Tubing Record - Set At	4650	
Tubing Size	2.875	
Well Type	OIL	DH



## Summary of Attachments

Lease Name and Number: Renee 2230 1-2

API: 15-055-21774-00-01

Doc ID: 1160207

Correction Number: 1

Attachment Name



**CONFIDENTIAL**

**WELL COMPLETION FORM**

**Form Must Be Typed**  
**Form must be Signed**  
**All blanks must be Filled**

**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
- Conv. to GSW
- Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_
- 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

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total 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.

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- Letter of Confidentiality Received  
Date: \_\_\_\_\_
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- Geologist Report Received
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- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_