



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1162481

Form ACO-1

June 2009

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
- ☐ 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

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.

Submitted Electronically

KCC Office Use ONLY

☐ Letter of Confidentiality Received

Date: _____

☐ Confidential Release Date: _____

☐ Wireline Log Received

☐ Geologist Report Received

☐ UIC Distribution

ALT ☐ I ☐ II ☐ III Approved by: _____ Date: _____

1162481

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken ☐ Yes ☐ No
(Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☐ No

Cores Taken ☐ Yes ☐ No

Electric Log Run ☐ Yes ☐ No

Electric Log Submitted Electronically ☐ Yes ☐ No
(If no, Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample
Name Top Datum

CASING RECORD ☐ New ☐ 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
____ Perforate				
____ Protect Casing				
____ Plug Back TD				
____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	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 (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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Uhland 2131 1-21
Doc ID	1162481

Tops

Name	Top	Datum
Cedar Hills	1659	
Chase	2702	
Heebner	4001	
Lansing	4014	
Marmaton	4466	
Pawnee	4545	
Cherokee	4582	
Morrow	4703	
Mississippi	4722	
St Louis	4749	
Viola	5280	

ALLIED OIL & GAS SERVICES, LLC 060802

Federal Tax I.D. # 20-8651475

SHIP TO: P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:

OK by [Signature]

DATE <u>6/20/13</u>	SEC <u>21</u>	TWP. <u>21</u>	RANGE <u>30</u>	CALLED OUT	ON LOCATION	JOB START <u>5:00</u>	JOB FINISH <u>6:00</u>
EASE <u>Upland</u>	WELL # <u>121</u>	LOCATION <u>Garden of N to Mead Rd</u>			COUNTY <u>Farmington</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)		<u>8.8 E So Winto</u>					

CONTRACTOR Tom Cat OWNER Same

TYPE OF JOB <u>Surface</u>	CEMENT
PIPE SIZE <u>12 1/4</u>	AMOUNT ORDERED <u>275 AMD</u>
PIPE SIZING SIZE <u>8 1/8</u>	<u>150 com 350cc 200 gal</u>
PIPE SIZING SIZE	
PIPE SIZING SIZE	
PIPE SIZING SIZE	

RES. MAX	COMMON <u>150 com</u>	@ <u>1720</u>	<u>268500</u>
MEAS. LINE	POZMIX	@	
CEMENT LEFT IN CSG. <u>42.25</u>	GEL	@ <u>23.40</u>	<u>2020</u>
PERFS.	CHLORIDE	@ <u>64.00</u>	<u>3200</u>
DISPLACEMENT <u>13.88 x 4000</u>	ASC	@	
EQUIPMENT <u>88L 1100 Drp.</u>	AMD <u>275 SK1</u>	@ <u>2520</u>	<u>712850</u>

PUMP TRUCK CEMENTER <u>Alan Ryan</u>	Engage <u>2516</u>	@ <u>22.00</u>	<u>5000</u>
PUMP TRUCK HELPER <u>Wayne McGinley</u>		@	
PUMP TRUCK DRIVER <u>Brandon Wilkinson</u>		@	
PUMP TRUCK DRIVER		@	

HANDLING 48.20 CF @ 2.40 1194.80
MILEAGE 21.65 @ 28.00 606.20
TOTAL 1424.00

REMARKS:

*Log Correlator, Max AMD - 751 w/ com 350cc 200 gal
200 gal Pump w/ 80 88L 1100 w/ 150 CFS 4FT.
and Plug at 1000 PSI*

*Wait did not hold
Wait did Correlator*
*Thank You
Alan Wayne, Brandon*

CHARGE TO: Tom Cat Drilling
CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB	<u>1428'</u>
PUMP TRUCK CHARGE	<u>2013.25</u>
EXTRA FOOTAGE	@
MILEAGE	@ <u>7.20</u> <u>385.20</u>
MANIFOLD - Head	@
Vehicle 50	@ <u>4.40</u> <u>220.00</u>
	@
TOTAL	<u>2093.25</u>

PLUG & FLOAT EQUIPMENT

Plug Insert	1	@ <u>13.00</u>	<u>13.00</u>
Plug Plug	1	@ <u>5.00</u>	<u>5.00</u>
Control 120T1	5	@ <u>7.40</u>	<u>37.00</u>
Bracket	1	@ <u>55.00</u>	<u>55.00</u>
Stop Ring	1	@ <u>5.00</u>	<u>5.00</u>
TOTAL			<u>147.00</u>

SALES TAX (If Any) _____
TOTAL CHARGES 18,813.82
DISCOUNT 3,950.90 IF PAID IN 30 DAYS
14,862.91 Net

I, Allied Oil & Gas Services, LLC.
You are hereby requested to rent cementing equipment
and furnish cementer and helper(s) to assist owner or
contractor to do work as is listed. The above work was
done to satisfaction and supervision of owner agent or
contractor. I have read and understand the "GENERAL
TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Walter Savoy
SIGNATURE _____

JOB SUMMARY				PROJECT NUMBER	TICKET DATE
				SOK 2843	07/03/13
COUNTY	State	COMPANY		CUSTOMER REP	
Finney	Kansas	Sandridge Energy		0	
LEASE NAME		Well No.	JOB TYPE	EMPLOYEE NAME	
Uhland 2131		1-21	Plug to Abandon	LOUIS ARNEY	

EMP NAME									
L. ARNEY		0							
M. QUINTANA									
D. TEWELL									
K. JOHNSON									

Form. Name		Type:			
Packer Type		Set At		0	
Bottom Hole Temp.		Pressure		155	
Retainer Depth		Total Depth		0	

Tools and Accessories						
Type and Size	Qty	Make				
Auto Fill Tube	0	IR				
Insert Float Val	0	IR				
Centralizers	0	IR				
Top Plug	0	IR				
HEAD	0	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		0.0	0		Surface	0
Liner						
Liner						
Tubing			16.6#			
Drill Pipe						
Open Hole			0		Surface	0
Perforations						
Perforations						
Perforations						

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
7/2	1.0	7/3	9.0	Plug to Abandon
7/3	12.5			
Total	13.5	Total	9.0	

Pressures			
MAX	5,000 PSI	AVG.	150
MAX		Average Rates in BPM	
		AVG	2
MAX		Cement Left in Pipe	
		Reason SHOE JOINT	
Feet	0		

Cement Data			
Stage	Sacks	Cement	Additives
1	230	60/40 Poz Premium H	4% Gel
2	0	0	
3	0	0	

Stage	W/Rq.	Yield	Lbs/Gal
1	6.90	1.42	13.80
2	0.00	0.00	0.00
3	0.00	0.00	0.00

Summary			
Preflush	Type:	BBI	20.00
Breakdown	MAXIMUM	5,000 PSI	N/A
	Lost Returns-N	NO/FULL	N/A
	Actual TOC	SURFACE	50.00
Average	Bump Plug PSI:	Final Circ.	100
ISIP	5 Min.	Cement Slurry: BBI	58.0
	10 Min	Total Volume	128.00

CUSTOMER REPRESENTATIVE		SIGNATURE

Job Data Sheet

O-Tex
Pumping, LLC

COMPANY Sandridge Energy		PROJECT NUMBER SOK 2843		AFEW/WORK ORDER 0		DATE 7/2/2013		
CONTRACTOR Tomcat #3		Owner Same		LEGAL DESCRIPTION 21/21S/31W		API 15-055-22219-00-00		
LEASE & WELL # Uhland 2131 1-21		COUNTY Finney		STATE Kansas		MILEAGE 100		
DIRECTIONS FROM GARDEN CITY ON HWY 83 - 15 MILES NORTH - EAST ON MEAD RD FOR 9 MILES - SOUTH ON LEASE RD 1 MILE TO LOCATION								
Pumping Services	<input type="checkbox"/> Surface		<input checked="" type="checkbox"/> Intermediate		<input type="checkbox"/> Long String		<input type="checkbox"/> Plug Back	
	<input type="checkbox"/> Squeeze		<input type="checkbox"/> Acid		<input type="checkbox"/> PTA		<input checked="" type="checkbox"/> Other	
	Casing Size		Casing Weight		Thread		Tbng/DP Size	
	4 1/2"		16.6#					
	NO		YES		NO		YES	
Materials	Number and Type Units		Pump Truck & Bulk Materials		Est. BHST		KOP	
	Remarks		155°		Depth-TVD		Mud Weight/Type	
	9.2ppg WBM							
	LEAD		# of Sacks		Type		Additives	
	58.17		230		60/40 Poz Premium H		4% Gel	
	H2O TO MIX		Weight PPG		Yield Ft3/Sk		Water Gal/Sk	
	37.79		13.80		1.42		6.90	
	TAIL		# of Sacks		Type		Additives	
	0.00							
	H2O TO MIX		Weight PPG		Yield Ft3/Sk		Water Gal/Sk	
0.00								
ACID		Type		Additives				
Inhibitor		Surfactant		clay cont.				
Spacer or Flush		Quantity		Type		Additives		
Fresh Water								
Spacer or Flush		Quantity		Type		Additives		
Other		Quantity		Type		Additives		
Crew Called	Cementer		Pumper		Bulky		Bulky	
Special Request	1ST PLUG 50 SKS - 2ND PLUG 100 SKS - 3RD PLUG 50 SKS - 4TH PLUG 20 SKS							
Sales Items	Casing Size		Casing Weight		Thread			
	Guide Shoe		Float Shoe		Float Collar		Insert Float Valve	
	Centralizers - Number		Size		Type			
	Wall Cleaners - Number		Type		MSC (DV Tool)		MSC Plug Set	
	Limit Clamps		Thread lock		Other			
	Circulating Iron							
	Customer Rep		Cell Phone		Office Phone		Fax	
0		405-492-0491						
Call Taken By		Jared Sisco		Time		Date Ready		
Crew Called				0				