

### Kansas Corporation Commission Oil & Gas Conservation Division

### 1169075

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 #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R 🔲 East 🗌 West
Address 2:	Feet from North / South Line of Section
City:	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□ NE □ NW □ SE □ SW
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
Oil         WSW         SWD         SIOW           Gas         D&A         ENHR         SIGW           OG         GSW         Temp. Abd.           CM (Coal Bed Methane)         Cathodic         Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Feet  Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	
Operator: Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Conv. to GSW	Chloride content: ppm Fluid volume: bbls  Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled         Permit #:	Operator Name:
☐ ENHR         Permit #:           ☐ GSW         Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date	

#### **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:

Side Two



Operator Name:				_ Lease N	lame:			Well #:		
Sec Twp	S. R	East	West	County:						
INSTRUCTIONS: Sh time tool open and clo recovery, and flow rate line Logs surveyed. A	osed, flowing and shu es if gas to surface te	t-in pressures, st, along with f	whether sh inal chart(s	nut-in press	ure reach	ed static level,	hydrostatic pres	sures, bottom h	ole temp	erature, fluid
Drill Stem Tests Taker (Attach Additional S		Yes	No		Log	y Formation	n (Top), Depth a	nd Datum		Sample
Samples Sent to Geo	logical Survey	Yes	No		Name			Тор	I	Datum
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Copy	d Electronically	Yes Yes Yes	☐ No ☐ No ☐ No							
List All E. Logs Run:										
		Report all	CASING I		New	Used mediate, producti	on, etc.			
Purpose of String	Size Hole Drilled	Size Ca Set (In C	sing	Weigi Lbs. /	ht	Setting Depth	Type of Cement	# Sacks Used	, ,,	and Percent dditives
		AI	DDITIONAL	CEMENTIN	G / SQUE	EZE RECORD				
Purpose:  — Perforate — Protect Casing — Plug Back TD — Plug Off Zone  Depth Top Bottom  Type of Cement		ement	# Sacks	Used		Type and	Percent Additives			
Shots Per Foot	Shots Per Foot PERFORATION RECORD - Bridge Plugs Specify Footage of Each Interval Performance Processing Performance Performance Processing Performance Processing Performance Processing Performance Processing Performance Performanc			s Set/Type orated			cture, Shot, Cemei mount and Kind of N		d	Depth
TUBING RECORD:	Size:	Set At:		Packer At:		Liner Run:				
Date of First, Resumed	Production, SWD or EN		ducing Meth	od:		as Lift C	Yes No	0		
Estimated Production Per 24 Hours	Oil	Bbls.		Mcf	Water		ols.	Gas-Oil Ratio		Gravity
DISPOSITIO	ON OF GAS:		M	IETHOD OF	COMPLET	ION:		PRODUCTIO	ON INTER	VAL:
Vented Sold	Used on Lease	Open	Hole (Specify)	Perf.	Dually (		nmingled mit ACO-4)			

Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Scott 2629 1-17
Doc ID	1169075

## Tops

Name	Тор	Datum
Cedar Hills	1318	
Chase	2654	
Heebner	4100	
Lansing	4174	
Marmaton	4639	
Pawnee	4714	
Cherokee	4755	
Morrow	4875	
Mississippi	4897	
St Louis	4967	
Spergen	5180	



#### **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 # 259136

Invoice Date: 05/28/2013 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

SCOTT 2629 #1-17 39980 17-26-29 05-25-2013 KS

Part Number Description Oty Unit Price Total 1115A TYPE "H" CEMENT (SALE) S 110.00 20.2700 2229.70 4310 SUGAR 20.00 1.0000 20.00 Sublet Performed Description Total 9996-130 CEMENT MATERIAL DISCOUNT -224.97 9995-130 CEMENT EQUIPMENT DISCOUNT -173.30

Description Hours Unit Price Total 399 P & A OLD WELL 1.00 875.00 875.00 EQUIPMENT MILEAGE (ONE WAY) 399 60.00 5.25 315.00 566 TON MILEAGE DELIVERY 1.00 543.00 543.00

## Amount Due 4150.30 if paid after 06/27/2013

Parts: 2249.70 Freight: .00 Tax: 150.84 AR 3735.27
Labor: .00 Misc: .00 Total: 3735.27
Sublt: -398.27 Supplies: .00 Change: .00

Signed\_\_\_\_\_\_Date\_\_\_\_\_

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 620/583-7864 PONCA CITY, OK 785/672-8822 OTTAWA, KS 785/242-4044 G20/839-5269 GILLETTE, WY 918/225-2650



Ravin 3737

# 259136

TICKET NUMBER LOCATION Bakley, KS FOREMAN Kelly

SALES TAX

ESTIMATED

**FIELD TICKET & TREATMENT REPORT** PO Box 884, Chanute, KS 66720 CEMENT 620-431-9210 or 800-467-8676

walt Dinke

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DATE	CUSTOMER#	WELL	NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY			
5-25-13	7373	SCOTT 2	629 KI	-17	17	265	29 W	Gray			
			· · ·	Fngals							
IAU ING ADDD	Sandrid ss	920		South	TRUCK#	DRIVER	TRUCK#	DRIVER			
IAILING ADDRE	:00	9		336	399	Damony		-			
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CITY		STATE	ZIP CODE	V.5				ļ			
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OB TYPE P	TA	HOLE SIZE		HOLE DEPTH		CASING SIZE & V	SIZE & WEIGHT 4-1/2				
ASING DEPTH		DRILL PIPE		TUBING		OTHER TCTOPOGO					
SLURRY WEIGHT SLURRY VOL				WATER gal/sk CEMENT LE				FT In CASING			
ISPLACEMENT		DISPLACEMENT				RATE					
EMARKS: 50	ifety m	leeting	ria	gedu	DONW	ellinix	ed 7551	15			
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ACCOUNT CODE	QUANITY	or UNITS	DE	SCRIPTION of	SERVICES or PR	ODUCT	UNIT PRICE	TOTAL			
5405A			PUMP CHARG	E			87.500	81500			
5406	60		MILEAGE				535	31500			
11150	110			< 1+ C.	ement	·	2037	32297			
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4310											
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1124	100	<del></del>	Zugar				1-	10			
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			w Lew	78°				39827			
i		n sir	. 10-			LOAD	カクファ	13984			
						CARACITA	170				

TOTAL TITLE Consultant AUTHORIZTION DATE 5-25-13 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.