



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1167249
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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
- 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: _____



1167249

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:
 Flowing Pumping Gas Lift 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 <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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The Road to Excellence Starts with Safety

Sold To #: 305021	Ship To #: 3011367	Quote #:	Sales Order #: 900609538
Customer: SANDRIDGE ENERGY INC EBUSINESS		Customer Rep: ..., Louise	
Well Name: Savolts 2033	Well #: 1-27	API/UWI #: 15-171-20961	
Field:	City (SAP): SCOTT CITY	County/Parish: Scott	State: Kansas
Legal Description: Section 27 Township 20S Range 33W			
Contractor: TOM CAT		Rig/Platform Name/Num: 3	
Job Purpose: Cement Production Casing			
Well Type: Development Well		Job Type: Cement Production Casing	
Sales Person: FRENCH, JEREMY		Srvc Supervisor: RODRIGUEZ, EDGAR MBU ID Emp #: 442125	

Job Personnel

HES Emp Name	Exp Hrs	Emp #	HES Emp Name	Exp Hrs	Emp #	HES Emp Name	Exp Hrs	Emp #
BERUMEN, EDUARDO	11	267804	DOSEN, DUSTIN	11	543153	RAMIREZ, JORGE M.	11	498481
RODRIGUEZ, EDGAR Alejandro	11	442125						

Equipment

HES Unit #	Distance-1 way	HES Unit #	Distance-1 way	HES Unit #	Distance-1 way	HES Unit #	Distance-1 way

Job Hours

Date	On Location Hours	Operating Hours	Date	On Location Hours	Operating Hours	Date	On Location Hours	Operating Hours
7/25/2013	5	1	7/26/2013	6	2.5			

TOTAL Total is the sum of each column separately

Job

Job Times

Formation Name	Date	Time	Time Zone
Formation Depth (MD) Top	Called Out	25 - Jul - 2013	12:00 CST
Formation Depth (MD) Bottom	On Location	25 - Jul - 2013	17:00 CST
Form Type	Job Started	26 - Jul - 2013	03:24 CST
Job depth MD	Job Completed	26 - Jul - 2013	04:41 CST
Water Depth	Departed Loc	26 - Jul - 2013	06:10 CST
Perforation Depth (MD) From			
Perforation Depth (MD) To			

Well Data

Description	New / Used	Max pressure psig	Size in	ID in	Weight lbm/ft	Thread	Grade	Top MD ft	Bottom MD ft	Top TVD ft	Bottom TVD ft
7.875" Open Hole				7.875				1825.	5050.		
5.5" Production Casing	Unknown		5.5	4.	17.	LTC	J-55	.	5050.		
8.625" Surface Casing	Unknown		8.625	7.921	32.	STC	J-55	.	1825.		

Sales/Rental/3rd Party (HES)

Description	Qty	Qty uom	Depth	Supplier
PLUG,CMTG,TOP PLSTC,5 1/2 13-23PPF,4.49	1	EA		

Tools and Accessories

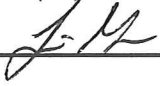
Type	Size	Qty	Make	Depth	Type	Size	Qty	Make	Depth	Type	Size	Qty	Make
Guide Shoe					Packer					Top Plug	5 1/2	1	HES
Float Shoe					Bridge Plug					Bottom Plug			
Float Collar					Retainer					SSR plug set			
Insert Float										Plug Container	5 1/2	1	HES
Stage Tool										Centralizers			

Miscellaneous Materials

Gelling Agt	Conc	Surfactant	Conc	Acid Type	Qty	Conc	%
Treatment Fld	Conc	Inhibitor	Conc	Sand Type	Size	Qty	

Fluid Data

Stage/Plug #: 1

Fluid #	Stage Type	Fluid Name	Qty	Qty uom	Mixing Density lbm/gal	Yield ft ³ /sk	Mix Fluid Gal/sk	Rate bbl/min	Total Mix Fluid Gal/sk
1	Rig Supplied Gel Spacer		30.00	bbl	8.5	.0	.0	.0	
2	Lead Cement	ECONOCEM (TM) SYSTEM (452992)	180.0	sacks	12.	2.23	12.4		12.4
	0.2 %	HR-800, 50 LB SACK (101619742)							
	3 %	CAL-SEAL 60, 50 LB BAG (101217146)							
	6 %	BENTONITE, BULK (100003682)							
	0.1 %	WG-17, 50 LB SK (100003623)							
	12.395 Gal	FRESH WATER							
3	Tail Cement	ECONOCEM (TM) SYSTEM (452992)	250.0	sacks	13.6	1.48	7.13		7.13
	0.25 %	SA-1015, 50 LB SACK (102077046)							
	0.2 %	CFR-3, W/O DEFOAMER, 50 LB SK (100003653)							
	7.128 Gal	FRESH WATER							
4	Displacement		117.00	bbl	8.33	.0	.0	.0	
Calculated Values		Pressures			Volumes				
Displacement	117	Shut In: Instant		Lost Returns	NO	Cement Slurry	137	Pad	
Top Of Cement	701	5 Min		Cement Returns	NO	Actual Displacement	117	Treatment	
Frac Gradient		15 Min		Spacers	30	Load and Breakdown		Total Job	284
Rates									
Circulating	5	Mixing	5	Displacement	5	Avg. Job	5		
Cement Left In Pipe	Amount	46.25 ft	Reason	Shoe Joint					
Frac Ring # 1 @	ID	Frac ring # 2 @	ID	Frac Ring # 3 @	ID	Frac Ring # 4 @	ID		
The Information Stated Herein Is Correct				Customer Representative Signature 					

ALLIED OIL & GAS SERVICES, LLC 060739

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:

Oakley
7/20/13

DATE <u>7/19/13</u>	SEC. <u>27</u>	TWP. <u>20</u>	RANGE <u>33</u>	CALLED OUT	ON LOCATION	JOB START <u>7:00 Am</u>	JOB FINISH <u>8:00 Am</u>
LEASE <u>Savotts 2032</u>	WELL # <u>1-27</u>		LOCATION <u>Garden City 20 N To Rd 20</u>			COUNTY <u>Scott</u>	STATE <u>Ko.</u>
OLD OR NEW (Circle one) <u>NEW</u>			<u>2W - SW into</u>				

CONTRACTOR Tomcat #3
TYPE OF JOB Surface
HOLE SIZE 18 1/4 T.D. 1840
CASING SIZE 8 7/8 DEPTH 1844
TUBING SIZE _____ DEPTH _____
DRILL PIPE _____ DEPTH _____
TOOL _____ DEPTH _____
PRES. MAX _____ MINIMUM _____
MEAS. LINE _____ SHOE JOINT 42.0
CEMENT LEFT IN CSG. 42.0
PERFS. _____
DISPLACEMENT 114.78
EQUIPMENT _____

OWNER Same
CEMENT
AMOUNT ORDERED 475 SKs AMD
150 SKs Com 3% Gel 2% Gel
COMMON 150 SKs @ \$17.90 = \$2685.00
POZMIX _____ @ _____
GEL 3 SKs @ \$23.40 = \$70.20
CHLORIDE 5 SKs @ \$64.00 = \$320.00
ASC _____ @ _____
AMD 475 SKs @ \$25.90 = \$12302.50
HANDLING 706.62 @ \$2.42 = \$709.10
MILEAGE 31.96 x 50 @ \$2.60 = \$415.40
TOTAL \$20241.60

PUMP TRUCK CEMENTER Darren Paquette
120 HELPER Tyler Flipse
BULK TRUCK
566-595 DRIVER Brandon Wilkinson
BULK TRUCK
600 DRIVER Chris Helping stine

REMARKS:

m/x 475 SKs AMD Cement + 150 SKs
Cement Displace with water
Cement Dil Circulate
Land Plug @ 1000' Lift 500'
50 SKs AMD to Pit
25 SKs on Displacement
Com 3+2 Fills 200'
Thank You.

SERVICE

DEPTH OF JOB 1844'
PUMP TRUCK CHARGE _____ \$ 2213.75
EXTRA FOOTAGE _____ @ _____
MILEAGE 50 @ \$7.70 = \$385.00
MANIFOLD Head @ \$275.00
LV mileage @ \$4.90 = \$220.00
TOTAL \$3093.75

CHARGE TO: Tomcat Drly.
STREET _____
CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

3 7/8 Weatherford
1-Rubber Plug @ \$131.04
1-Flapper Float Valve @ \$352.12
5-Centralizers @ \$74.88 = \$374.40
1-Basket @ \$559.76
1-Stop Collar @ \$86.16
TOTAL \$1473.52

To: 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.

SALES TAX (If Any) _____
TOTAL CHARGES 24,808.38
DISCOUNT 5,209.75 IF PAID IN 30 DAYS
Bid 19,598.62 Net.

PRINTED NAME Michael Sanchez
SIGNATURE Michael Sanchez

Customer	SandRidge
Customer Acct #	
Well No.	Savolts #2033 1-27
Mailing Address	
City and State	
Zip Code	
Dispatch Location	BARTLESVILLE

County	Scott County, Kansas	Stage	1
Section	27	Formation	Cherokee
TWP	20S	TVD Perfs	4563-4567 4587-4592
RANGE	33W	MD Perfs	

START	1:43:39 PM
END	4:06:30 PM

WELL DATA						TRUCK#	DRIVER	TRUCK#	DRIVER
TREATMENT TYPE:	TREATMENT THROUGH TUBING IN CASING				PLUG DEPTH (FT)	588-T168	Ryan Jones		
TVD OF PERFS	4563' - 4592'	MD OF PERFS	4563' - 4592'	PACKER DEPTH (FT)		565	David Warren		
CASING SIZE (OD)	CASING WEIGHT	TMD TO TOP PERF (FT)	ID (INCHES)	DISPL COEF (BBL/FT)	VOLUME (BBLs)	688-T145	Dionne Ware		
5 1/2	J-55 (17 LBS)	4563	4.89	0.0232	106.0	580	Dale Wilson		
TUBING SIZE (IN)	TUBING WEIGHT	TMD TO BOTTOM OF TUBING (FT)				560-T123	Tony Monday		
2 7/8	J-55 (6.5 LBS)	4475	2.441	0.0058	25.9		Mark Cassel		
OVER FLUSH	0	DISPLACEMENT TO TOP PERF (BBLs)			25.9	575-T196	Mark Cassel		
						592-T156	John Bethel		
						546-T122	Shawn McAfee		

PERF DATA		CHEMICALS	
TOTAL HOLES SHOT		SR-445	116
HOLE ID (IN)		BIOSTAT 650	15
PHASING		15% HCL ACID (3RD PARTY DELIVERED)	6500
SPF		ACID INHIBITOR (AI-260)	7
		IRON CONTROL (SP-950)	13
		ACID RETARDER (AR-104)	58
EFFECTIVE HOLES		PLEXGEL 907L-EB	328

FET ANALYSIS (Optional)							
FLUID WEIGHT	8.34	MAX RATE:	10.8	MAX PRESSURE	2346	ISDP	460
HYDROSTATIC HEIGHT	4563	RATE 1		PRESSURE 1		5 MIN SIP	419
FLUID SG	1.01	RATE 2		PRESSURE 2		10 MIN SIP	401
HYDROSTATIC PRESS	1978.88	RATE 3		PRESSURE 3		15 MN SIP	389
						FRAC GRAD	0.53
						FLUID EFF (%)	
						CALC PERM	

PRESSURE DATA							
MAX PRESSURE	INITIAL PRESSURE	BREAKDOWN PRESSURE		ISIP	5 MIN	10 MIN	15 MIN
5500	0			460	419	401	389

SUMMARY			
TOTAL FLUID PUMPED	1453 BBLs	MAX TREATING PRESSURE	2346 PSI
PROPPANT PUMPED	25032 LBS	MIN TREATING PRESSURE	395 PSI
MAX RATE	10.8 BBL/MIN	AVE TREATING PRESSURE	1,410
MIN RATE	3 BBL/MIN		
AVERAGE RATE	10.14590502		
		FLUID WEIGHT	8.34
		HYDROSTATIC HEIGHT	4563
		HYDROSTATIC PRESS	1,978.88
		FRAC GRADIENT	0.53
		PROP TYPE	30/50 WHITE SAND
		TOTAL PUMPED	25032 LBS
		ACID	6090 GAL
		TOTAL FLUID	1453 BBLs

STAGE	CLEAN BBLs	DESIGN	FLUID TYPE	PRESSURE	RATE	PROP AMOUNT	DESIGN	CONC	TYPE
1	13	20	30# Gelled Water	0-395	0-3.2	0.00		0.00	
2	12	12	15% HCL Acid	395-2346	3.2-10.6	0.00		0.00	
3	164	167	30# Gelled Water	2331-1026	10.7	0.00		0.00	
4	71	71	15% Gelled Acid	1105-2337	10.7	0.00		0.00	
5	163	167	30# Gelled Water	2330-1104	10.6	0.00		0.00	
6	62	71	15% Gelled Acid	1532-436	10.6-3.0	0.00		0.00	
7	164	167	20# Gelled Water	1771-1186	7.9-10.8	0.00		0.00	
8	163	167	20# Gelled Water	1193-1293	10.8	1711.50	1750 LBS	0.25	30/50 WHITE SAND
9	26	167	20# Gelled Water	1293-1885	10.6	546.00	3500 LBS	0.50	30/50 WHITE SAND
10	38	167	20# Gelled Water	2097-1743	10.3	0.00		0.00	
11	102	167	20# Gelled Water	1743-1197	10.5	2142.00	3500 LBS	0.50	30/50 WHITE SAND
12	167	167	20# Gelled Water	1239-1256	10.4	5260.50	5250 LBS	0.75	30/50 WHITE SAND
13	196	167	20# Gelled Water	1245-1200	10.4	8232.00	7000 LBS	1.00	30/50 WHITE SAND
14	85	83	20# Gelled Water	1218-1093	10.4	7140.00	7000 LBS	2.00	30/50 WHITE SAND
15	27	26	Treated Water	1092-1520	10.5	0.00		0.00	
16						0.00		0.00	

Remarks

Pressure tested to 6012 psi

Put 1119 psi on the backside before the start of the frac.

Took 9 bbls to load hole

Cut sand on the 0.5 ppg sand stage because pressure was coming up.

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

November 06, 2013

wanda ledbetter
SandRidge Exploration and Production LLC
123 ROBERT S. KERR AVE
OKLAHOMA CITY, OK 73102-6406

Re: ACO1
API 15-171-20961-00-00
Savolts 2033 1-27
NE/4 Sec.27-20S-33W
Scott County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
wanda ledbetter