



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1167250
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: _____



1167250

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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Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Flinn A 3306 1-11
Doc ID	1167250

Tops

Name	Top	Datum
Heebner	3117	-1796
Lansing	3470	-2149
Cottage Grove	3722	-2401
Oswego	4033	-2712
Cherokee	4153	-2832
Mississippi	4351	-3030
Mississippi Lime	4361	-3040
Kinderhook	4683	-3362

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 15-077-21951-00-00
Flinn A 3306 1-11
SE/4 Sec.11-33S-06W
Harper 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

API No. 15-077-21951-00-00
OTC/OCC Operator No. 34192-0

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 Stohrville	OCC District		
*Operator Sandridge Exploration & Production	OCC/OTC Operator No 34192-0		
*Well Name/No. Flinn A 3306 1-11	County Harper		
*Location 1/4 1/4 1/4 1/4	Sec 11	Twp 33S	Rge 6W

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date		7/13/2013				
*Size of Drill Bit (Inches)		12 1/4"				
*Estimated % wash or hole enlargement used in calculations		150%				
*Size of Casing (inches O.D.)		8 5/8"				
*Top of Liner (if liner used) (ft.)		N/A				
*Setting Depth of Casing (ft.) from ground level		633.4				
Type of Cement (API Class) In first (lead) or only slurry		O-TEX Lite Premium Plus				
In second slurry		Premium Plus (Class C)				
In third slurry		N/A				
Sacks of Cement Used In first (lead) or only slurry		250				
In second slurry		100				
In third slurry		N/A				
Vol of slurry pumped (Cu ft)(14.X15.) in first (lead) or only slurry		460				
In second slurry		132				
In third slurry		N/A				
Calculated Annular Height of Cement behind Pipe (ft)		Surface				
Cement left in pipe (ft)		46.48				

*Amount of Surface Casing Required (from Form 1000)	ft.
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*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.

JOB SUMMARY			PROJECT NUMBER SOK 2900	TICKET DATE 07/19/13
COUNTY Harper	State Kansas	COMPANY Sandridge Exploration & Production	CUSTOMER REP Greg Rivera	
LEASE NAME Flinn A 3306	Well No. 1-11	JOB TYPE Production	EMPLOYEE NAME ROBERT BURRIS	

EMP NAME	Robert Burris	0							
	Mike Hall								
	Cheryl Newton								
	RICKY STEVENS								

Form. Name _____ Type: _____

Packer Type _____ Set At 0

Bottom Hole Temp. 150 Pressure _____

Retainer Depth _____ Total Depth 4,805'

Date	Called Out 19-Jul	On Location 19-Jul	Job Started 7/19/2013	Job Completed 7/19/2013
Time	04:00	06:00	11:18	13:00

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

	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing		17#	5 1/2"		Surface	4,796	5,000
Liner							
Liner							
Tubing			0				
Drill Pipe							
Open Hole			7 7/8"		Surface	4,805'	Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials			
Mud Type	WBM	Density	9 Lb/Gal
Disp. Fluid	Fresh Water	Density	8.33 Lb/Gal
Spacer type	BARITE BBL.		15 10.00
Spacer type	BBL.		
Acid Type	Gal.	%	
Acid Type	Gal.	%	
Surfactant	Gal.	ln	
NE Agent	Gal.	ln	
Fluid Loss	Gal/Lb	ln	
Gelling Agent	Gal/Lb	ln	
Fric. Red.	Gal/Lb	ln	
MISC.	Gal/Lb	ln	
Perfpac Balls	Qty.		
Other			
Other			
Other			
Other			

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
7/19	7.0	7/19	1.0	Production
Total	7.0	Total	1.0	

Pressures	
MAX	5,000 PSI
AVG	175
Average Rates in BPM	
MAX	8 BPM
AVG	4.5
Cement Left in Pipe	
Feet	91
Reason SHOE JOINT	

Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	210	50/50 POZ PREMIUM	4% Gel - 0.4% FL-17 - 0.2% C-51 - 0.1% C-20 - 0.1% C-37 - 0.5% C-41P	6.77	1.44	13.60
2	100	Premium	0.4% FL-17 - 0.1% C-51 - 0.1% C-20 - 0.4% C-41P	5.20	1.18	15.60
3	0	0		0	0.00	0.00

Summary			
Preflush Breakdown	Type: _____	Preflush: BBI	<u>15.00</u>
	MAXIMUM	Load & Bkdn: Gal - BBI	<u>N/A</u>
	Lost Returns-N	Excess /Return BBI	<u>N/A</u>
	Actual TOC	Calc. TOC:	<u>3.158</u>
Average	Bump Plug PSI:	Final Circ. PSI:	<u>10</u>
ISIP _____ 5 Min. _____ 10 Min. _____ 15 Min. _____		Cement Slurry: BBI	<u>65.0</u>
		Total Volume BBI	<u>189.00</u>

CUSTOMER REPRESENTATIVE J. S. L. SIGNATURE

JOB SUMMARY			PROJECT NUMBER SOK 2971	TICKET DATE 08/19/13
COUNTY Harper	State Kansas	COMPANY Sandridge Exploration & Production	CUSTOMER REP Mike	
LEASE NAME Flinn A 3306	Well No. 1-11	JOB TYPE Recement	EMPLOYEE NAME Johnny Breeze	

EMP NAME					
Johnny Breeze		0			
Bryan Douglas					
Flo Helkena					
Dustin Odum					

Form. Name _____ Type: _____
Packer Type _____ Set At **0**
Bottom Hole Temp. **125** Pressure _____
Retainer Depth **4335** Total Depth **4368**

Date	Called Out 8/19/2013	On Location 8/19/2013	Job Started 8/19/2013	Job Completed 8/19/2013
Time	1200	1800	1910	2030

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	5 1/2		Surface	5,000
Liner						
Liner						
Tubing		8.0	2 7/8		Surface	4,335
Drill Pipe						
Open Hole					Surface	4,565'
Perforations						4
Perforations						
Perforations						


Materials			
Mud Type	WBM	Density	9 Lb/Gal
Disp. Fluid	Fresh Water	Density	8.33 Lb/Gal
Spacer type	resh Water	BBL.	5 8.33
Spacer type	BBL.		
Acid Type	Gal.		%
Acid Type	Gal.		%
Surfactant	Gal.		In
NE Agent	Gal.		In
Fluid Loss	Gal/Lb		In
Gelling Agent	Gal/Lb		In
Fric. Red.	Gal/Lb		In
MISC.	Gal/Lb		In
Perfpac Balls	Qty.		
Other			
Other			
Other			
Other			

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
8/19	3.0	8/19	3.0	Recement
Total	3.0	Total	3.0	

Pressures	
MAX	5,000 PSI
AVG.	1000
Average Rates in BPM	
MAX	8 BPM
AVG.	3
Cement Left in Pipe	
Feet	Reason

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	100	50/50 Poz (Class C)	4% Total Gel - 0.4% C-12 - 5% Gypsum - 0.4% C-41P	8.16	1.62	13.20
2	0	0		0	0.00	0.00
3	0	0		0	0.00	0.00

Summary						
Preflush Breakdown		Type: _____	Preflush: BBI	5.00	Type: Fresh Water	
		MAXIMUM	Load & Bkdn: Gal - BBI	N/A	Pad:Bbl -Gal	N/A
		Lost Returns-N	Excess /Return BBI	N/A	Calc. Disp Bbl	23
		Actual TOC	Calc. TOC:		Actual Disp.	22.40
Average		Bump Plug PSI:	Final Circ. PSI:	800	Disp:Bbl	
ISIP	5 Min.	10 Min	Cement Slurry: BBI	28.9		
		15 Min	Total Volume BBI	56.25		

CUSTOMER REPRESENTATIVE  SIGNATURE

TREATMENT REPORT
FRAC AND ACID

Customer	SandRidge
Customer Acct #	
Well No.	Flinn A #3306 1-11
Mailing Address	
City and State	
Zip Code	
Dispatch Location	PONCA CITY

County	Harper County, Kansas	Stage	3 of 3
Section	11	Formation	Mississippi
TWP	33S	TVD Perfs	4352-4364
RANGE	6W	MD Perfs	

START	9:38:35 PM
END	9:54:21 PM

WELL DATA						TRUCK#	DRIVER	TRUCK#	DRIVER
TREATMENT TYPE:	TREATMENT THROUGH TUBING IN CASING					PLUG DEPTH (FT)			
TVD OF PERFS	4352' - 4364'	MD OF PERFS	4352' - 4364'	PACKER DEPTH (FT)		585-T181	Leobardo Loac		
CASING SIZE (OD)	CASING WEIGHT	TMD TO TOP PERF(FT)	ID (INCHES)	DISPL COEF (BBL/FT)	VOLUME (BBLs)	634-T178	Ivan Harvey		
5 1/2		4352	4.89	0.0232	101.1	686-T151	Mark Boley		
TUBING SIZE (IN)	TUBING WEIGHT	TMD TO BOTTOM OF TUBING(FT)				568	Mike Stone		
2 7/8		4310	2.441	0.0058	24.9	701	Gene Orr		
OVER FLUSH	0	DISPLACEMENT TO TOP PERF (BBL S)			25.9	586-T164	Dennis Cummings		
						423	Bo Hawkins		
						570-T174	Daniel Kupka		
						556	Tim Spielbusch		
						412-T122	Brian Hall		
						578-T226	Greg Hicks		
						626	Casey Boyer		

PERF DATA	CHEMICALS		
TOTAL HOLES SHOT		SR-445	71
HOLE ID (IN)		BIOSTAT 650	9
PHASING		15% HCL ACID (3RD PARTY DELIVERED)	10000
SPF		ACID INHIBITOR (AI-260)	10
		IRON CONTROL (SP-960)	20
		PLEXGEL 907L-EB	207
EFFECTIVE HOLES		BREAKER AMMONIUM PERSULFATE	55

FET ANALYSIS (Optional)									
FLUID WEIGHT	8.34	MAX RATE:	10.3	MAX PRESSURE	2437	ISDP	52	FRAC GRAD	0.45
HYDROSTATIC HEIGHT	4352	RATE 1		PRESSURE 1		5 MIN SIP	32	FLUID EFF (%)	
FLUID SG	1.01	RATE 2		PRESSURE 2		10 MIN SIP	0	CALC PERM	
HYDROSTATIC PRESS	1887.38	RATE 3		PRESSURE 3		15 MN SIP	0		

PRESSURE DATA								
MAX PRESSURE	INITIAL PRESSURE	BREAKDOWN PRESSURE		ISIP	5 MIN	10 MIN	15 MIN	30 MIN
5000	0	764 psi at 5.2 bpm		52	32	0	0	

SUMMARY			
TOTAL FLUID PUMPED	127 BBLs	MAX TREATING PRESSURE	2437 PSI
PROPPANT PUMPED	0 LBS	MIN TREATING PRESSURE	631 PSI
MAX RATE	10.3 BBL/MIN	AVE TREATING PRESSURE	1,778
MIN RATE	5.2 BBL/MIN		
AVERAGE RATE	8.372047244	FLUID WEIGHT	8.34
		HYDROSTATIC HEIGHT	4352
		HYDROSTATIC PRESS	1,887.38
		FRAC GRADIENT	0.45
FOAM QUALITY			
AMOUNT OF FOAM PUMPED			
TYPE OF FOAM			

PROP TYPE	TOTAL PUMPED
20/40 WHITE	0 LBS
ACID	7938 GAL
TOTAL FLUID	878 BBLs

STAGE	CLEAN BBLs	DESIGN	FLUID TYPE	PRESSURE	RATE	PROP AMOUNT	DESIGN	CONC	TYPE
1	10	20	Water	0-764	0-5.8	0.00		0.00	
2	67	48	15% HCL Acid	631-2437	5.2-10.3	0.00		0.00	
3	50	50	Water	2429-2339	10.3	0.00		0.00	
4						0.00		0.00	
5						0.00		0.00	
6						0.00		0.00	
7						0.00		0.00	
8						0.00		0.00	
9						0.00		0.00	
10						0.00		0.00	20/40 WHITE

Remarks

Pressure tested to 5682 psi

Backside had zero on it for duration of this stage