

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1168242

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

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: _____



1168242

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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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
____ Perforate				
____ Protect Casing				
____ Plug Back TD				
____ 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 (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. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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ALLIED OIL & GAS SERVICES, LLC 060207

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:

Oakley KS

DATE	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
07/30/13	36	22	31		4:00 p.m.	10:30 a.m.	12:00 a.m.
LEASE <u>LaBene</u>	WELL # <u>1-36</u>	LOCATION <u>Garden City 1 mi E to Hwy 156 2E 3N</u>				COUNTY <u>Finney</u>	STATE <u>KS</u>
OLD OR <u>NEW</u> (Circle one)		<u>1 w 1/2 S E into</u>					

CONTRACTOR Tom Cat 3
TYPE OF JOB Surface
HOLE SIZE 12 1/4 TD. 1879
CASING SIZE 9 5/8 DEPTH 1879
TUBING SIZE DEPTH
DRILL PIPE DEPTH
TOOL Lift 115 500 # DEPTH
PRES. MAX Plug 900 # MINIMUM
MEAS. LINE SHOE JOINT 43.73
CEMENT LEFT IN CSG. 43.73
PERFS.
DISPLACEMENT 141.87 Bbl

OWNER Same

CEMENT

AMOUNT ORDERED 300 sks AMD

150 sks Com 3% CC 2% gel

COMMON	<u>150 sks</u>	@ <u>17.90</u>	<u>2685.00</u>
POZMIX		@	
GEL	<u>3 sks</u>	@ <u>23.40</u>	<u>70.20</u>
CHLORIDE	<u>5 sks</u>	@ <u>64.00</u>	<u>320.00</u>
ASC		@	
AMDA	<u>300 sks</u>	@ <u>25.90</u>	<u>7770.00</u>
		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	<u>506.04 #43</u>	@ <u>2.48</u>	<u>1254.98</u>
MILEAGE	<u>22.81 hrs * 50</u>	@ <u>2.60</u>	<u>593.60</u>

TOTAL 15078.48

REMARKS:

mix 300 sks AMD
mix 150 sks Com
Displace with water
land Plug
Cement did Circulate
Thank You

SERVICE

DEPTH OF JOB	<u>1879</u>		
PUMP TRUCK CHARGE			<u>213.75</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>MILV 50</u>	@ <u>7.90</u>	<u>395.00</u>
MANIFOLD	<u>Head</u>	@	<u>275.00</u>
	<u>MILV 50</u>	@ <u>4.40</u>	<u>220.00</u>
		@	

TOTAL 3093.75

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

PLUG & FLOAT EQUIPMENT

AFU insert	@	<u>534.69</u>
5" Centralizers	@ <u>87.75</u>	<u>438.75</u>
1" Basket	@	<u>594.36</u>
1" top rubber plug	@	<u>184.86</u>
1" leak collar	@	<u>66.69</u>

TOTAL 1819.35

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.

Bid-

SALES TAX (If Any) _____

TOTAL CHARGES 19,991.58

DISCOUNT 4,198.23 IF PAID IN 30 DAYS

15,793.34 Net.

PRINTED NAME Ugwul Sinebo

SIGNATURE MS

RECEIVED

AUG 12 2013

HALLIBURTONREGULATORY DEPT
SANDRIDGE ENERGY**Cementing Job Summary***The Road to Excellence Starts with Safety*

Sold To #: 305021	Ship To #: 3014225	Quote #:	Sales Order #: 900644969
Customer: SANDRIDGE ENERGY INC EBUSINESS		Customer Rep: ., ROLAND	
Well Name: Kathleene 2231	Well #: 1-36	API/UWI #:	
Field:	City (SAP): GARDEN CITY	County/Parish: Finney	State: Kansas
Contractor: Tomcat		Rig/Platform Name/Num: TOMCAT 3	
Job Purpose: Cement Intermediate Casing			
Well Type: Development Well		Job Type: Cement Intermediate Casing	
Sales Person: FRENCH, JEREMY		Srv Supervisor: WILTSHIRE, MERSHEK	MBU ID Emp #: 195811

Job Personnel

HES Emp Name	Exp Hrs	Emp #	HES Emp Name	Exp Hrs	Emp #	HES Emp Name	Exp Hrs	Emp #
BERUMEN, EDUARDO	7	267804	DOSEN, DUSTIN	7	543153	ESTRADA, JOSE Corral	7	541275
WILTSHIRE, MERSHEK TonJe	7	195811						

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

TOTAL Total is the sum of each column separately

Job				Job Times			
Formation Name				Date	Time	Time Zone	
Formation Depth (MD)	Top	Bottom		Called Out			
Form Type		BHST		On Location			
Job depth MD	5223. ft	Job Depth TVD	5223. ft	Job Started	06 - Aug - 2013	14:48	CST
Water Depth		Wk Ht Above Floor		Job Completed	06 - Aug - 2013	16:35	CST
Perforation Depth (MD)	From	To		Departed Loc			

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
8.75" Open Hole				8.75				900.	6060.		
7" Intermediate Casing	Unknown		7.	6.276	26.	LTC	P-110	.	6060.		
9.625" Surface Casing	Unknown		9.625	8.921	36.	LTC	J-55	.	950.		

Sales/Rental/3rd Party (HES)

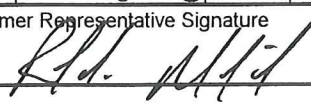
Description	Qty	Qty uom	Depth	Supplier
PLUG,CMTG,TOP,7,HWE,5.66 MIN/6.54 MAX CS	1	EA		

Tools and Accessories

Type	Size	Qty	Make	Depth	Type	Size	Qty	Make	Depth	Type	Size	Qty	Make
Guide Shoe					Packer					Top Plug			
Float Shoe					Bridge Plug					Bottom Plug			
Float Collar					Retainer					SSR plug set			
Insert Float										Plug Container			
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 Water		30.00	bbl	8.33	.0	.0	.0		
2	Lead Cement	ECONOCEM (TM) SYSTEM (452992)	335.0	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	POZ STANDARD 50/50 - SBM (12308)	170.0	sacks	13.6	1.48	7.1		7.1	
	0.25 %	SA-1015, 50 LB SACK (102077046)								
	0.2 %	CFR-3, W/O DEFOAMER, 50 LB SK (100003653)								
	7.096 Gal	FRESH WATER								
4	Displacement		198.00	bbl	8.33	.0	.0	.0		
Calculated Values		Pressures		Volumes						
Displacement		Shut In: Instant		Lost Returns		Cement Slurry		Pad		
Top Of Cement		5 Min		Cement Returns		Actual Displacement		Treatment		
Frac Gradient		15 Min		Spacers		Load and Breakdown		Total Job		
Rates										
Circulating		Mixing		Displacement		Avg. Job				
Cement Left In Pipe	Amount	84 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 						

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 14, 2013

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

Re: ACO1
API 15-055-22228-00-00
Kathleen 2231 1-36
NW/4 Sec.36-22S-31W
Finney 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