

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division 1168347

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 #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R
Address 2:	Feet from
City:	Feet from
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
	Lease Name: Well #:
Designate Type of Completion:	Field Name:
New Well Re-Entry Workover	Producing Formation:
Oil WSW SWD SIOW	Elevation: Ground: Kelly Bushing:
☐ Gas ☐ D&A ☐ ENHR ☐ SIGW	Total Vertical Depth: Plug Back Total Depth:
☐ OG ☐ GSW ☐ Temp. Abd.	Amount of Surface Pipe Set and Cemented at: Feet
CM (Coal Bed Methane)	
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
Denvit #	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
☐ Dual Completion Permit #:	Location of fluid disposal if bouled office.
ENHR Permit #:	Location of fluid disposal if hauled offsite:
GSW Permit #:	Operator Name:
Γοιιιια	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R
Recompletion Date Reached 1D Completion Date of Recompletion Date	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:

Page Two



Operator Name:				_ Lease l	Name: _			Well #:		
Sec Twp	S. R	East V	West	County	:					
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in pres o surface test, along	sures, whether s with final chart(shut-in pre s). Attach	ssure reac extra shee	hed stati t if more	c level, hydrosta space is neede	itic pressures, bot d.	tom hole temp	erature, flui	d recovery,
Final Radioactivity Lo- files must be submitte						gs must be ema	ailed to kcc-well-lo	gs@kcc.ks.go	v. Digital el	ectronic log
Drill Stem Tests Taker (Attach Additional S		Yes	No				on (Top), Depth ar			mple
Samples Sent to Geo	logical Survey	Yes	☐ No		Nam	e		Тор	Da	tum
Cores Taken Electric Log Run		☐ Yes ☐ Yes	☐ No ☐ No							
List All E. Logs Run:										
			CASING		☐ Ne					
	0: 11-1-	· ·				ermediate, product		# O	T	d Damasat
Purpose of String	Size Hole Drilled	Size Cas Set (In O		Weig Lbs. /		Setting Depth	Type of Cement	# Sacks Used		d Percent itives
		AD	DITIONAL	CEMENTIN	NG / SQL	JEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Ce	ement	# Sacks	Used		Type and F	ercent Additives		
Perforate Protect Casing										
Plug Back TD Plug Off Zone										
Did you perform a hydrau	•					Yes	No (If No, ski	p questions 2 ar	nd 3)	
Does the volume of the to							= :	p question 3)	of the ACO	()
Was the hydraulic fractur	ing treatment information	on submitted to the	e chemicai d	isciosure re	gistry?	Yes	No (If No, fill	out Page Three	or the ACO-1	<i>)</i>
Shots Per Foot		ION RECORD - I Footage of Each I					cture, Shot, Cement mount and Kind of Ma		d	Depth
TUBING RECORD:	Size:	Set At:		Packer A	i:	Liner Run:	Yes No			
Date of First, Resumed	Production, SWD or Ef	NHR. Prod	ducing Meth	ıod:		1				
			Flowing	Pumpin	g	Gas Lift C	Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er B	bls. (Gas-Oil Ratio		Gravity
DISPOSITIO	ON OF GAS:		M	METHOD OF	COMPLE	ETION:		PRODUCTION	ON INTERVA	
Vented Sold		Open		Perf.	Dually	Comp. Cor	mmingled			
	bmit ACO-18.)		(Specify)		(Submit)	ACO-5) (Sub	mit ACO-4)			

Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Alton 3306 1-23
Doc ID	1168347

Tops

Name	Тор	Datum
Heebner	3162	-1845
Lansing	3525	-2208
Cottage Grove	3774	-2457
Oswego	4090	-2773
Cherokee	4212	-2895
Mississippi	4411	-3094
Kinderhook	4754	-3437
Woodfors	4829	-3512
Simpson	4853	-3536

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/

Sam Brownback, Governor

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

November 14, 2013

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

Re: ACO1 API 15-077-21952-00-00 Alton 3306 1-23 NW/4 Sec.23-33S-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

	IOB SUMN	(AR)	1				2906	ľ	ICKEI DATE	07/22/13	
				•		CUSTOMER REP					
Harper Kansas		tion & F	ro	duc		EMPLOYEE NAME	reg Ri	vera	}		
LEASE NAME Well No. Alton 3306 1-23	JOB TYPE Surface						DBERT	BU	RRIS		
EMP NAME	1 Odridoc										
Robert Burris 10						Line Market					
Mike Hall											
Frank Reeves											
Cheryl Newton											
Form. NameType	:		-			(A)			Ottl	11-1-0	
Packer Type Set 7	<u> </u>	Date	Cal	led (1/2013	On Location 7/21/2		Job	Started 7/21/2013	Jop Co	ompleted 21/2013
Packer Type Set A Bottom Hole Temp. 80 Pres	11	Date		112	1/2010	112112	0.0		772 1720 10	1 "	21/2010
Retainer Depth Total	Depth 632	Time		18:	:30	21:00			23:16	2	4:30
Tools and Accessor						Well [-	154 40
Type and Size Qty Auto Fill Tube 0	Make	Casina			New/Used	Weight 24#	Size Gi	ade	From Surface	To 631	Max. Allow
Auto Fill Tube 0 Insert Float Val 0	IR IR	Casing Liner		\dashv		Lettr	078	\dashv	Juliace	001	1,000
Centralizers 0	İR	Liner		\neg				\neg			
Top Plug 0	IR	Tubing					0				
HEAD 0	IR	Drill Pig									
Limit clamp 0	IR	Open F					121/4	`-	Surface	632	Shots/Ft.
Weld-A 0 Texas Pattern Guide Shoe 0	IR IR	Perfora Perfora					-				
Cement Basket 0	IR I	Perfora						\dashv			
Materials		Hours (Onl	oca		Operating	Hours		Descrip	tion of Job	
Mud Type WBM Density		7/21			ours 4.0	Date 7/21	Hour 0.7	S	Surface	:	
Disp. Fluid Fresh Water Density Spacer type resh Wate BBL. 10		1121		-	4.0	1121	0.7	-			
Spacer typeBBL.				-			1	\dashv			
Acid TypeGal	%							\Box			
Acid Type Gal	%			<u> </u>							
Surfactant Gal. NE Agent Gal.	In			-			 	\dashv	-		
Fluid Loss Gal/Lb	-in		_								
Gelling Agent Gal/Lb	In										
Fric. Red. Gal/Lb	in	Tabel		_	4.0	T-1-1	0.7	_			
MISC. Gal/Lb	In	Total			4.0	Total	0.7				
Perfpac BallsQty.		[Pr	essures				
Other		MAX		1,5	00 PSI	AVG.	1				
Other		LIAN		c	DD8A	Average			Λ		
Other		MAX		b	BPM	AVG	t Left in				-
Other		Feet			43	Reason			IT		

		c	<u>em</u> e	ent D	ata						
Stage Sacks Cement		Additive	s				445		W/Rd		Lbs/Gal
1 240 FEX Lite Premium Plus	65 (6% Gel) 2% Calci	um Chlor	ide	- ¼p	ps Cello-Fla	ake5% C-	41P		10.88		12.70 14.80
2 100 Premium Plus (Class of the transfer of t	C) 2% Calcium Chlor	ride on s	ide	to ue	e if neces	arv			*6.32		*14.80
Too Fremium Flus (olass)	Z/ Z/0 GAICIUM GMO	uc on a	,46	.o us	C II HELESS	J			0.02	1.02	17.0
		Sui	nma			200VF E				P00	
Preflush Type		BAA BAT			flush:	BBI		.00	Type:		1 Water
		,500 PSI			d & Bkdn: ess /Returr		N	8	Pad:Bb Calc.Di		N/A 38
		URFACE			c. TOC:	וטטו	SUR	FACE	Actual		37.50
Average Bum	p Plug PSI:	775		Fina	al Circ.	PSI:		75	Disp:Bb		
:sif5 Min10 M	15 Mir	n			nent Slurry			3.0),50			
			1	100	al Volume	BBI	100	,,30 T			
					~						
CUSTOMER REPRESENTA	TIVE										
COSTONIER REPRESENTA	11VC		_			SIGNATURE					

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JOB LOG	SOK 2906	07/22/13
COUNTRY	STATE	COUNTY
USA	Kansas	Harper
EMPLOYEE NAME	CUSTOMER REP	
ROBERT BURRIS	Greg Rivera	
SEC / TWP / RNG		
23/33S/6W		
JOB PURPOSE		
Surface	Oil & Gas	
	JOB LOG COUNTRY USA EMPLOYEE NAME ROBERT BURRIS SEC / TWP / RNG 23/33S/GW JOB PURPOSE	COUNTRY USA Kansas EMPLOYEE NAME CUSTOMER REP ROBERT BURRIS Greg Rivera SEZ3/33S/6W #REF! JOB PURPOSE WELL TYPE

Time	Rate	Volume	Press.	(PSI)	Job Description / Remarks
	(BPM)	(BBL)(GAL)	CSG,	Tbg	
21:00					ARRIVED ON LOCATION
21:10					SAFETY MEETING
	-				RIG UP
					TEST PUMPS AND LINES
23:17	5.0	10	125		PUMP FRESH WATER SPACER
23:21	5.0	79.0	125		MIX AND PUMP LEAD CEMENT @ 12.7PPG
23:36	5.0	24.0	150		MIX AND PUMP TAIL CEMENT @ 14.8PPG
23:42					SHUT DOWN/ DROP PLUG
23:44	5.0	38.0	100		START DISPLACEMENT
23:50	3.0	30.0	175		SLOW RATE TO LAND PLUG
23:53	3.0	37.5	775		LAND PLUG
23:56					RELEASE PRESSURE TO CHECK FLOATS
23:57					FLOATS HELD w/ 1/4 bbl FLOW BACK
24:00					RIG DOWN
24:45					LEAVE LOCATION
					ŞHPERVISOR SIGNITURE
Final lift	Floats	PSI ON	CEMENT		x_// / M
Psi	Held	CSG	SURFACE		Mad
175	YĖS	775.0	38		
	21:10 22:30 23:16 23:17 23:21 23:36 23:42 23:44 23:50 23:53 23:56 23:57 24:00 24:45	Time (BPM) 21:00 21:10 22:30 23:16 23:17	Time (BPM) (BBL)(GAL) 21:10 22:30 23:16 23:17	Time (BPM) (BBL)(GAL) CSG. 21:00 CSG. 21:10 CSG. 21	Time (BPM) (BBL)(GAL) CSG. Tbg 21:00 21:10 22:30 23:16 23:17 5.0 10 125 23:36 5.0 24.0 150 23:42 23:44 5.0 38.0 100 23:50 3.0 30.0 175 23:56 23:57 24:00 24:45 Final lift Floats PSI ON CEMENT Psi Held CSG SURFACE

				SICHVII IDE				Ξ	IVITATU	ER REPRESEI	IMOTS	cn
116 Spacer A\N 211 00.60f	-Gal p Bbl isp.	Type: Pad:Bbl Calc.Dis Actual D Disp:Bbl	00.05 A/N A/N 685,5 00\ 00.01	:ISc	ess /Retum c, TOC:	Load Exc Cald Fins	mu2 129 00 JJU3/k	Jr. NC	:eqvT JMIXAM Lost Retl T IsutoA I'l amu8 Arim Ot	.u	umo	Preflusi Breakd
Lb5/sd. 13.60 15.60 00.0	blaiY AA. r 81. r 00.0	W/Rq. 77.9 02.3 0.00	914-D %8.	۲۶۰۵ %۱. ۱۳ ۵- ۲۶۰۵ %۱	.1% C-20 -0	0-19-0	eavitibbA %2.0 - 7	.4% Gel - 0.4% FL-17 1% Gel - 0.4% FL-17	MUM	Cement 50/60 POZ PRE Premium 0	0 100 230 290Ke	Stage 1 2 3
			ssures 300 Zates in BPI Left in Pipe SHOE JOIR	. AVG. Average F DVA	8PM BPM 90	15	XAM XAM fəə7		\d\o		, ellis o	Perfpac Other Other Other Other
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			steg River	EMPLOYEE NAME		quction	-	Sandridge Explorations Productio	nsas	кЯ	larper Alton 3	/ revsenv H
8	07/29/13	TICKET DATE	7167	епатомен кер СОК)	(AAI	NWNS 80	or	#JelS		COUNTY

SIGNATURE

SOK 2914 STATE Kansas Cred Rivera 19,818,15 TIME ARF Fit for o Coil & Gas Artived Job De Headed to lo Rived Pump les Pump Pu	(ISd)	YBNEY W	OPICE 33S/8	108 br 23/3 280 1 260 1 EWbr EWbr CORN	Production Well No. (BPM) 1.0 4.0 4.0 5.0 5.0 5.0 5.0 4.4 5.0	25-1-00 200	ASE NAME ITON 33(Iton 33(Itohralle
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		ON		1200.0	人ES	002	KES
			CEMENT X SURFACE	X SURFACE	CSG SURFACE X	Held CSG SURFACE X	Final lift Floats PSI ON CEMENT X Psi Held CSG SURFACE

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Hydraulic Fracturing Fluid Product Component Information Disclosure

	Total Base Non Water Volume:
163,212	Total Base Water Volume (gal):
4,674	True Vertical Depth:
ON	Federal/Tribal Well:
NAD27	Datum:
37.16540822	Latitude:
-97.94582259	Longitude:
Alton 3306 #1-23	Well Name and Number:
SandRidge Energy	Operator Name:
15-077-21952-00-00	API Number:
Harper	County:
Kansas	State:
8/20/2013	Job End Date:
8/20/2013	Job Start Date:





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Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS #)	Chemical Ingredient Ingredient Ingredient Concentration in Concentration in Concentration in CAS #) (% by mass)***	Maximum Ingredient Concentration in HF Fluid (% by mass)**	Comments
Water	SandRidge	Carrier/Base Fluid					
			Water	7732-18-5	100.00000	84.97302None	lone
Sand (Proppant)	Consolidated	Proppant					
			Silica Substrate	14808-60-7	85.00000	3.18180None	lone
Hydrochloric Acid (15%)	Consolidated	Acidizing					
			Hydrochloric Acid	7647-01-0	15.00000	1.58766None	lone
GA-15L	Consolidated	Gelling agent					
			Petroleum Distillates	64742-47-8	65.00000	0.25828None	lone
			Proprietary non-hazardous polymers	Proprietary	45.0000	0.17881None	lone
Ammonium Persulfate	Consolidated	Gel breaker					
			Ammonium Persulfate	7727-54-0	100.00000	0.00936None	lone
AI-260	Consolidated	Acid Inhibitor					
			Ethylene Glycol	107-21-1	40.00000	0.00417None	lone
			N,N Dimethyl Formamide	68-12-2	20.00000	0.00209None	lone
			Cinnamaldehyde	104-55-2	00000'9	0.00063None	lone
			2-Butoxyethanol	111-76-2	00000'9	0.00063None	lone
			1-Decanol	112-30-1	2.00000	0.00052None	lone
			Ethoxylated nonlylphenol	68412-54-4	2.00000	0.00052None	lone

			Triethyl phospate	78-40-0	2.50000	0.00026None
			1-Octanol	111-87-5	2.50000	0.00026None
			Isopropanol	67-63-0	2.50000	0.00026None
PS-102	Consolidated	Scale Inhibitor				
			Methyl Alchohol	60-56-1	25.00000	0.00501None
Biostat 650	Consolidated	Biocide				
			Methanol	67-56-1	20.00000	0.00348None
			Isopropanol	67-63-0	2.00000	0.00087None
LEB4	Consolidated	Gel breaker				
			TRADE SECRET	NA	100.00000	0.00319None
Ingredients shown	above are subject to 29	CFR 1910.1200(i) and a	ngredients shown above are subject to 29 CFR 1910.1200(i) and appear on Material Safety Data Sheets (MSDS). Ingredients shown below are Non-MSDS.	heets (MSDS). Ingredie	ents shown below are No	on-MSDS.
		Other Chemicals		と から		
			Citric Acid	77-92-9		
			Isopropanol	67-63-0		

* Total Water Volume sources may include fresh water, produced water, and/or recycled water ** Information is based on the maximum potential for concentration and thus the total may be over 100%

Note: For Field Development Products (products that begin with FDP), MSDS level only information has been provided. Ingredient information for chemicals subject to 29 CFR 1910.1200(i) and Appendix D are obtained from suppliers Material Safety Data Sheets (MSDS)