



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1168347
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: _____



1168347

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <i>(Explain)</i> _____
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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	Alton 3306 1-23
Doc ID	1168347

Tops

Name	Top	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/>

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 15-077-21952-00-00
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

JOB SUMMARY		PROJECT NUMBER SOK 2914	TICKET DATE 07/29/13
COUNTY Kansas	COMPANY Sandridge Exploration & Production	CUSTOMER REP Greg Rivera	
LEASE NAME Alton 3306	WELL No. 1-23	EMPLOYEE NAME LOUIS ARNEY	JOB TYPE Production

L. ARNEY	D. TEWELL	M. QUINTANA	R. ANTHIS	K. JOHNSON
Form. Name	Type:	Set At	0	Pressure
Bottom Hole Temp.	155	Total Depth	0	Retainer Depth

Type and Size		Qty	Make
Auto Fill Tube	0	0	IR
Insert Float Val	0	0	IR
Centralizers	0	0	IR
Top Plug	0	0	IR
HEAD	0	0	IR
Limit clamp	0	0	IR
Weld-A	0	0	IR
Texas Pattern Guide Shoe	0	0	IR
Cement Basket	0	0	IR

Mud Type	WBM	Density	9	Lb/Gal
Disp. Fluid	Fresh Water	Density	8.33	Lb/Gal
Spacer type	Fresh Water BBL	20	8.33	
Spacer type	Causitic BBL	10	8.40	
Acid Type	Gal.	%		
Acid Type	Gal.	%		
Surfactant	Gal.	%		
NE Agent	Gal.	%		
Fuild Loss	Gal/Lb			
Gelling Agent	Gal/Lb			
Fric. Red.	Gal/Lb			
MISC.	Gal/Lb			
Perpac Balls	Qty.			

Stage	Sacks	Cement	50/50 POZ PREMIUM	4% Gal - 0.4% FL-17 - 0.2% C-51 - 0.1% C-20 - 0.1% C-37 - 0.5% C-41P	W/Rq.	Yield	Lbs/Gal
1	230				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				0.00	0.00	0.00

Preflush	Type:	10	MAXIMUM	5,000 PSI	Gal - BBI	BBI
Load & Bkdn:	Gal - BBI	BBI	Prefixh:	BBI	30.00	10ppg Barite Spacer
Actual TOC	NO/FULL		Excess /Return	BBI	N/A	Pad:Bbl -Gal
Lost Returns-			Calc. TOC:		N/A	Calc. Disp Bbl
Bump Plug PSI:	1,200		Final Circ. PSI:		2,389	Actual Disp.
5 Min.	10 Min.	15 Min.	Cement Slurry:	BBI	700	Disp:Bbl
Total Volume	BBI	219.00				

CUSTOMER REPRESENTATIVE _____ SIGNATURE _____

Hydraulic Fracturing Fluid Product Component Information Disclosure

Job Start Date:	8/20/2013
Job End Date:	8/20/2013
State:	Kansas
County:	Harper
API Number:	15-077-21952-00-00
Operator Name:	SandRidge Energy
Well Name and Number:	Alfon 3306 #1-23
Longitude:	-97.94582259
Latitude:	37.16540822
Datum:	NAD27
Federal/Tribal Well:	NO
True Vertical Depth:	4,674
Total Base Water Volume (gal):	163,212
Total Base Non Water Volume:	0



Hydraulic Fracturing Fluid Composition:

Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS #)	Maximum Ingredient Concentration in Additive (% by mass)**	Maximum Ingredient Concentration in HF Fluid (% by mass)**	Comments
Water	SandRidge	Carrier/Base Fluid	Water	7732-18-5	100.00000	84.97302	None
Sand (Proppant)	Consolidated	Proppant	Silica Substrate	14808-60-7	85.00000	3.18180	None
Hydrochloric Acid (15%)	Consolidated	Acidizing	Hydrochloric Acid	7647-01-0	15.00000	1.58766	None
GA-15L	Consolidated	Gelling agent	Petroleum Distillates	64742-47-8	65.00000	0.25828	None
			Proprietary non-hazardous polymers	Proprietary	45.00000	0.17881	None
Ammonium Persulfate	Consolidated	Gel breaker	Ammonium Persulfate	7727-54-0	100.00000	0.00936	None
AI-260	Consolidated	Acid Inhibitor	Ethylene Glycol	107-21-1	40.00000	0.00417	None
			N,N Dimethyl Formamide	68-12-2	20.00000	0.00209	None
			Cinnamaldehyde	104-55-2	6.00000	0.00063	None
			2-Butoxyethanol	111-76-2	6.00000	0.00063	None
			1-Decanol	112-30-1	5.00000	0.00052	None
			Ethoxylated nonlyphenol	68412-54-4	5.00000	0.00052	None

			Triethyl phosphate	78-40-0	2.50000	0.00026	None
			1-Octanol	111-87-5	2.50000	0.00026	None
			Isopropanol	67-63-0	2.50000	0.00026	None
PS-102	Consolidated	Scale Inhibitor					
			Methyl Alcohol	60-56-1	25.00000	0.00501	None
Biostat 650	Consolidated	Biocide					
			Methanol	67-56-1	20.00000	0.00348	None
			Isopropanol	67-63-0	5.00000	0.00087	None
LEB-4	Consolidated	Gel breaker					
			TRADE SECRET	NA	100.00000	0.00319	None
Ingredients shown above are subject to 29 CFR 1910.1200(i) and appear on Material Safety Data Sheets (MSDS). Ingredients shown below are Non-MSDS.							
			Other Chemicals				
			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)