



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1168417  
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: \_\_\_\_\_



1168417

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 <i>(Attach Additional Sheets)</i>	<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
<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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____ <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Jesse 3204 1-33
Doc ID	1168417

Tops

Name	Top	Datum
Heebner	2837	-1583
Lansing	3163	-1910
Kansas City	3463	-2210
Oswego	3803	-2550
Cherokee	3917	-2664
Mississippi	4173	-2920
Chattanooga	4510	-3257
Woodford	4570	-3317
Simpson	4595	-3341

<b>JOB SUMMARY</b>			PROJECT NUMBER <b>SOK 2907</b>	TICKET DATE <b>07/24/13</b>
COUNTY <b>Sumner</b>	State <b>Kansas</b>	COMPANY <b>Bridge Exploration &amp; Produc</b>	CUSTOMER REP <b>Bruce Harper</b>	
LEASE NAME <b>Jesse 3204</b>	Well No. <b>1-33</b>	JOB TYPE <b>Surface</b>	EMPLOYEE NAME <b>Rickey Stephens</b>	

EMP NAME	Ricky Stephens	0					
Vontray							
Nate Cotta							
Brett Armer							

Form. Name \_\_\_\_\_ Type: \_\_\_\_\_

Packer Type \_\_\_\_\_ Set At **0**

Bottom Hole Temp. **80** Pressure \_\_\_\_\_

Retainer Depth \_\_\_\_\_ Total Depth **350**

Date	Called Out <b>7/24/2013</b>	On Location <b>7/24/2013</b>	Job Started <b>7/24/2013</b>	Job Completed <b>7/24/2013</b>
Time	<b>09:30</b>	<b>12:30</b>	<b>18:30</b>	<b>20:00</b>

Type and Size	Qty	Make
Auto Fill Tube	0	IR
Insert Float Val	0	IR
Centralizers	0	IR
Top Plug	1	IR
HEAD	1	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		24#	8 1/2"		Surface	350	1,500
Liner							
Liner							
Tubing			0				
Drill Pipe							
Open Hole			12 1/4"		Surface	350	Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials			
Mud Type	WBM	Density	Lb/Gal
Disp. Fluid	Fresh Water	8.33	
Spacer type	Fresh Water BBL.	10	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			
Other			

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
7/24	8.0	7/24	1.0	Surface
Total	8.0	Total	1.0	

Pressures	
MAX	1,500 PSI
AVG	200
Average Rates in BPM	
MAX	6 BPM
AVG	4
Cement Left in Pipe	
Feet	44
Reason	SHOE JOINT

Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	145	EX Lite Premium Plus 65 (6% Gel)	2% Calcium Chloride - 1/2pps Cello-Flake - .5% C-41P	10.88	1.84	12.70
2	50	Premium Plus (Class C)	2% Calcium Chloride - 1/2pps Cello-Flake	6.32	1.32	14.80
3	*100	Premium Plus (Class C)	*2% Calcium Chloride on side to use if necessary	*6.32	*1.32	*14.8

Summary					
Preflush Breakdown	Type: _____	MAXIMUM	1,500 PSI	Preflush: BBI	10.00
	Lost Returns-N	NO/FULL		Load & Bkdn: Gal - BBI	N/A
	Actual TOC	SURFACE		Excess /Return BBI	40
Average	Bump Plug PSI:	700		Calc. TOC:	SURFACE
ISIP	5 Min.	10 Min.	15 Min.	Final Circ. PSI:	200
				Cement Slurry: BBI	59.3
				Total Volume BBI	89.30

CUSTOMER REPRESENTATIVE \_\_\_\_\_ SIGNATURE \_\_\_\_\_





<b>JOB SUMMARY</b>			PROJECT NUMBER <b>SOK 2932</b>	TICKET DATE <b>08/02/13</b>
COUNTY <b>Sumner</b>	State <b>Oklahoma</b>	COMPANY <b>Sandridge Exploration &amp; Production</b>	CUSTOMER REP <b>Bruce Harper</b>	
LEASE NAME <b>Jesse 3204</b>	Well No. <b>1-33</b>	JOB TYPE <b>Production</b>	EMPLOYEE NAME <b>John Hall</b>	

John Hall	Danny Tewell				
Rocky Anthis					
Joseph Klemm					
Roy Morris					

Form. Name \_\_\_\_\_ Type: \_\_\_\_\_  
 Packer Type \_\_\_\_\_ Set At **0**  
 Bottom Hole Temp. **140°** Pressure \_\_\_\_\_  
 Retainer Depth \_\_\_\_\_ Total Depth **4,800'**

Date	Called Out <b>8/1/2013</b>	On Location <b>8/1/2013</b>	Job Started <b>8/2/2013</b>	Job Completed <b>8/2/2013</b>
Time	<b>2000</b>	<b>2330</b>	<b>200</b>	<b>400</b>

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		17#	5 1/2"		Surface	
Liner						5,000
Liner						
Tubing			0			
Drill Pipe						
Open Hole			7 7/8"		Surface	4,800'
Perforations						Shots/Ft.
Perforations						
Perforations						

Materials			
Mud Type	WBM	Density	Lb/Gal
Disp. Fluid	Fresh Water	8.33	
Spacer type	BBL.		
Spacer type	Barite	15	10.00
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			
Other			

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
8/1	0.5	8/2	2.0	Production
8/2	5.0			
Total		Total		

MAX	5,000 PSI	AVG.	
Average Rates in BPM			
MAX	5 BPM	AVG	
Cement Left in Pipe			
Feet	44	Reason	SHOE JOINT

Cement Data			
Stage	Sacks	Cement	Additives
1	500	50/50 POZ PREMIUM	4% Gel - 0.4% C-15 - 0.4% C-41P - 2pps Kalseal
2	300	Premium	0.4% FL-17 - 0.1% C-20 - 0.4% C-41P
3	0	0	
			0
			8.60
			2.07
			12.00
			0.00
			0.00
			0.00

Summary			
Preflush	15	Type:	Barite
Breakdown		MAXIMUM	5,000 PSI
		Lost Returns-N	NO/FULL
		Actual TOC	Surface
Average		Bump Plug PSI:	1,700
ISIF	5 Min.	10 Min.	15 Min.
		Preflush: BBI	15.00
		Load & Bkdn: Gal - BBI	N/A
		Excess /Return BBI	N/A
		Calc. TOC:	Surface
		Final Circ. PSI:	N/A
		Cement Slurry: BBI	271.9
		Total Volume BBI	397.30
		Type: 10ppg Barite Spacer	
		Pad:Bbl -Gal	N/A
		Calc.Disp Bbl	110
		Actual Disp.	110.40
		Disp:Bbl	110.40

CUSTOMER REPRESENTATIVE Edwin Miller SIGNATURE

**Customer:** SandRidge Energy Inc.  
**Customer Rep:** Charlie Behrens  
**Base:** Woodward  
**Service Order #:** 40-000011  
**Formation:** Woodford Shale  
**Program #:** 69159

**Date:** Aug-31-2013 10:00 (CST)  
**Treatment Type:** Slick Water Frac  
**Supervisor:** Greer, Jimmy  
**Project #:**

**Surface UWI:** 15-191-22693-00-00  
**Bottom UWI:**  
**Well Name:** Jesse 3204 1-33  
**Well Type:**  
**Rig #:**

### Treatment Schedule 1 (4548.0-4558.0ft)

Comments	
Treated by Jimmy Greer, James Fowler, FS Thomas Easter, Eng Travis Daugherty	

Well Information			
Pumping Config: Casing	Deadleg: No	Bottom Hole Temp: 123 °F	Packer Depth: 0.0 (ft TMD)
Size (in)	Weight (lb/ft)	Grade	Volume (gal)
5.5	17.0	J-55	4687
Casing		TMD (ft)	Hole Volume:
		0.0 - 4800.0	4440.94
PBTD			

Total Fluid Information					
Chemical Name	Total	Chemical Name	Total	Chemical Name	Total
Water	84405.08 gal	FR-12 Anionic Acryl	44.00 gal	Bio Cir 5000-Biocide	22.00 gal
LSI-20 (Scale Inhib)	27.00 gal				
Total Fluid Pumped:		Maximum Slurry Rate:		Maximum Clean Rate:	
Hole Volume:		84371 gal		25.16 bbl/min	
		4441 gal		6.41 bbl/min	
		Minimum Slurry Rate:		Minimum Clean Rate:	
				6.41 bbl/min	

Zone Information		
Type	Formation	TMD (ft)
Perf	Woodford Shale	4548.0 - 4558.0
		TVD (ft)

Fluid Systems Information			
Tank Group Name	Tank Fluid Density (ppg)	Tank Fluid Temp (°F)	Tank Fluids Names
Water			Water(100%; 84405 gal)
Fluid System Name		Additives	
VelocityFrac		FR-12 Anionic Acryl(0.5 gpt, 44.00 gal, on the fly); S-17 (Surfactant)(1.8 gpt, 150.00 gal, on the fly); Bio Cir 5000-Biocide(0.3 gpt, 22.00 gal, on the fly); LSI-20 (Scale Inhib)(0.3 gpt, 27.00 gal, on the fly)	

Sand Information			
Proppant Type	Weight Ticket	Computer Calculated	
White 40/70	Programmed (lb)	In Formation (lb)	In Pipe (lb)
	32040	32040	0
Spearhead	Size	Screenout (No)	Final Sand Conc. at Perfs
	Pad Size 11700		Estimated Sand Top (ft)
	Schedule Start Time Aug-31-2013 12:28:21		
	Schedule Finish Time Aug-31-2013 14:21:02		

Job Summary					
Breakdown Pressure	Volume To Fill Hole	Min Pressure	Max Pressure	Average Pressure	Average Pad Pressure
3578	7	921	3003	1250	2346
TREATING				ISIP	15 min. SIP
DEADLEG				333	162
				Average Rate:	25.00 bbl/min
				Frac Gradient:	0.51 psi/ft



# TRICAN Treatment Report

**Customer:** SandRidge Energy Inc.  
**Customer Rep:** Charlie Behrens  
**Base:** Woodward  
**Service Order #:** 40-000011  
**Formation:** Woodford Shale  
**Program #:** 69159

**Date:** Aug-31-2013 10:00 (CST)  
**Treatment Type:** Slick Water Frac  
**Supervisor:** Greer, Jimmy  
**Project #:**

**Surface UWI:** 15-191-22693-00-00  
**Bottom UWI:**  
**Well Name:** Jesse 3204 1-33  
**Well Type:**  
**Rig #:**

Event	Clock Time (min)	Elapsed Time (min)	Casing (psi)	Blender Slurry			Base Fluid	Blender Clean			Blender Proppant		
				Rate Start (bbl/min)	Per Stage (gal)	Cum. Total (gal)		Rate Start (bbl/min)	Per Stage (gal)	Cum. Total (gal)	Rate Start (bbl/min)	Per Stage (ppg)	Cum. Total (lb)
Breakdown Well Open @ 2:29pm	12:31:33	3.20	997	6.41	853	853	VelocityFrac	6.41	853	853	20.30	0.00	0
Pad	12:43:13	14.87	2339	24.60	11700	12552	VelocityFrac	24.60	11700	12552	278.56	0.00	0
Proppant White 40/70	12:54:46	26.42	1404	25.06	11710	24262	VelocityFrac	24.78	11579	24132	275.70	0.25	2895
Sweep	13:00:27	32.10	1184	25.12	5869	30132	VelocityFrac	25.12	5869	30001	139.75	0.00	0
Proppant White 40/70	13:12:02	43.68	1127	25.15	11936	42068	VelocityFrac	24.59	11672	41673	277.91	0.50	5836
Sweep	13:17:42	49.35	1068	25.16	5816	47884	VelocityFrac	25.16	5816	47490	138.49	0.00	0
Proppant White 40/70	13:29:25	61.07	1033	25.18	12026	59910	VelocityFrac	24.34	11621	59111	276.69	0.77	8948
Sweep	13:35:05	66.73	1051	25.16	5818	65728	VelocityFrac	25.16	5818	64928	138.51	0.00	0
Proppant White 40/70	13:48:13	79.87	996	25.19	13627	79355	VelocityFrac	24.10	12978	77906	309.00	1.00	14361
Flush All Flushed @ 4:02pm	14:21:02	112.68	335	9.89	6464	85820	VelocityFrac	9.89	6464	84371	153.92	0.00	0
													32040

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 15, 2013

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

Re: ACO1  
API 15-191-22693-00-00  
Jesse 3204 1-33  
NE/4 Sec.33-32S-04W  
Sumner 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