



1168897

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	Thyme 3419 2-5H
Doc ID	1168897

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
5	9443-9577	1500 gals 15% HCL, 2792 bbls of Fresh Slickwater, Running TLTR= 2828 bbls	
5	9098-9375	1500 gals 15% HCL, 4333 bbls of Fresh Slickwater, Running TLTR= 7358 bbls	
5	8738-9040	1500 gals 15% HCL, 4275 bbls of Fresh Slickwater, Running TLTR= 11746 bbls	
5	8411-8691	1500 gals 15% HCL, 4250 bbls of Fresh Slickwater, Running TLTR= 15996 bbls	
5	8018-8340	1500 gals 15% HCL, 4266 bbls of Fresh Slickwater, Running TLTR= 24614 bbls	
5	7621-7873	1500 gals 15% HCL, 4341 bbls of Fresh Slickwater, Running TLTR= 29100 bbls	
5	7208-7512	1500 gals 15% HCL, 4214 bbls of Fresh Slickwater, Running TLTR= 33406 bbls	
5	6738-7018	1500 gals 15% HCL, 4370 bbls of Fresh Slickwater, Running TLTR= 37855 bbls	

Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Thyme 3419 2-5H
Doc ID	1168897

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
5	6373-6640	1500 gals 15% HCL, 4191 bbls of Fresh Slickwater, Running TLTR= 42113 bbls	
5	6013-6300	1500 gals 15% HCL, 4363 bbls of Fresh Slickwater, Running TLTR= 46536 bbls	
5	5432-5850	1500 gals 15% HCL, 4099 bbls of Fresh Slickwater, Running TLTR= 50684 bbls	

Form	ACO1 - Well Completion
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Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Conductor	30	20	75	120	Basin Services 10 Sack Grout	12	none
Surface	12.25	9.63	36	889	O-Tex Lite Premium Plus 65/ Premium Plus (Class C)	480	(6% gel) 2% calcium Chloride, 1/4 pps Cello-Flake, .5% C-41P
Intermediate	8.75	7	26	5882	50/50 Poz Premium/ Premium	310	4% gel, .4% FL-17, .2% C-51, .1% C-20, .1% C-37, .5% C-41P
Liner	6.13	4.5	11.6	9684	50/50 Premium Poz	480	4% gel, .4% FL-17, .2% C-51, .1% C-20, .1% C-37, .5% C-41P

Summary of Changes

Lease Name and Number: Thyme 3419 2-5H

API/Permit #: 15-033-21715-01-00

Doc ID: 1168897

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	09/04/2013	11/19/2013
Contractor Name	Lariat Services, Inc.	Lariat Services, Inc. dba Chaparral Supply, Hondo Heavy Haul
Save Link	../../../../kcc/detail/operatorE ditDetail.cfm?docID=11 43036	../../../../kcc/detail/operatorE ditDetail.cfm?docID=11 68897
Well Type	SLOW	GAS



CONFIDENTIAL

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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- 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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____