



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1169701
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
-----------------------------------	-----------------	---

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: _____



1169701

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
--	---

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
----------------	-------	---------	------------	---

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> _____
---	--

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: _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Bear Creek Ranch 3115 1-14
Doc ID	1169701

Tops

Name	Top	Datum
Heebner	3736	-2028
Lansing	3931	-2223
Maraton	4351	-2643
Mississippi	4534	-2826
Kinderhook	4567	-2859
Maquoketa	4599	-2891
Viola	4624	-2917
Simpson	4719	-3011
Arbuckle	4845	-3137

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 27, 2013

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

Re: ACO1
API 15-007-24049-00-00
Bear Creek Ranch 3115 1-14
SE/4 Sec.14-31S-15W
Barber 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

COURTY Barber		State Kansas		COMPANY Sandridge Exploration & Production		PROJECT NUMBER SOK 2955	TICKET DATE 08/12/13
LEASE NAME Ear Creek Ranch 311		Well No. 1-14	JOB TYPE Production			CUSTOMER REP Luis Solis	
EMP NAME John Hall				EMPLOYEE NAME John Hall			

John Hall	0				
Rocky Anthis					
Joseph Klemm					
Louis Arney					

Form. Name _____ Type: _____

Packer Type _____ Set At **0**

Bottom Hole Temp. **155** Pressure _____

Retainer Depth _____ Total Depth **4909**

Date	Called Out	On Location	Job Started	Job Completed
	8/12/2013	8/12/2013	8/12/2013	8/12/2013
Time	300	600	1100	1300

Tools and Accessories

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	Max. Allow
Casing		17#	5 1/2"		Surface		5,000
Liner							
Liner							
Tubing			0				
Drill Pipe							
Open Hole			7 7/8"		Surface	4,909	Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials

Mud Type	WBM	Density	9	Lb/Gal
Disp. Fluid	Fresh Water	Density	8.33	Lb/Gal
Spacer type	BBL.			
Spacer type	Barite	BBL.	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	

Hours On Location

Date	Hours	Date	Hours	Description of Job
8/12	6.0	8/12	2.0	Production
Total	6.0	Total	2.0	

Perfpac Balls _____ Qty. _____

Other _____

Other _____

Other _____

Other _____

Other _____

Pressures

MAX	5,000 PSI	AVG.	
Average Rates in BPM			
MAX	5 BPM	AVG	
Cement Left in Pipe			
Feet	90	Reason	SHOE JOINT

Cement Data

Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	140	50/50 POZ PREMIUM	4% Gel - 0.4% FL-17 - 0.2% C-51 - 0.1% C-20 - 0.1% C-37 - 0.5% C-41P - 2#	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		0.00	0.00	0.00

Summary

Preflush Breakdown	15	Type:	Barite	Preflush:	BBI	30.00	Type:	10ppg Barite Spacer
		MAXIMUM	5,000 PSI	Load & Bkdn:	Gal - BBI	N/A	Pad:Bbl -Gal	N/A
		Lost Returns-N	NO/FULL	Excess /Return	BBI	N/A	Calc. Disp Bbl	112
		Actual TOC	3.138	Calc. TOC:		3.138	Actual Disp.	111.90
Average		Bump Plug PSI:	900	Final Circ.	PSI:	N/A	Disp:Bbl	111.90
ISIP	5 Min.	10 Min	15 Min	Cement Slurry:	BBI	56.9		
				Total Volume	BBI	198.80		

CUSTOMER REPRESENTATIVE _____

Luis Solis

SIGNATURE

JOB SUMMARY			PROJECT NUMBER SOK 2933	TICKET DATE 08/03/13
COUNTY Barber	State Kansas	COMPANY Bridge Exploration & Produc	CUSTOMER REP Greg Rivera	
LEASE NAME Bar Creek Ranch 311	Well No. 1-14	JOB TYPE Surface	EMPLOYEE NAME John Hall	

John Hall	10				
Rocky Anthis					
Joseph Klemm					
Roy Morris					

Form. Name _____ Type: _____

Packer Type _____ Set At **0**

Bottom Hole Temp. **80** Pressure _____

Retainer Depth _____ Total Depth **500'**

Date	Called Out 8/3/2013	On Location 8/3/2013	Job Started 8/3/2013	Job Completed 8/3/2013
Time	130	500	800	930

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		24#	8 7/8"		Surface	500'
Liner						
Liner						
Tubing			0			
Drill Pipe						
Open Hole			12 1/4"		Surface	500'
Perforations						Shots/Ft.
Perforations						
Perforations						

Materials			
	WBM	Density	Lb/Gal
Mud Type		9	
Disp. Fluid	Fresh Water	8.33	
Spacer type	resh 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

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
8/3	4.5	8/3	1.5	Surface
Total	4.5	Total	1.5	

Perfpac Balls _____ Qty. _____

Other _____

Other _____

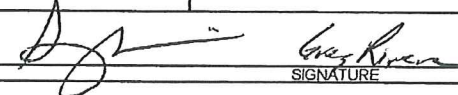
Other _____

Other _____

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

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	200	EX Lite Premium Plus 65	(6% Gel) 2% Calcium Chloride - 1/4pps Cello-Flake - .5% C-41P	10.88	1.84	12.70
2	100	Premium Plus (Class C)	2% Calcium Chloride - 1/4pps 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	10	Type: _____	Preflush: BBI	10.00	Type: Fresh Water
		MAXIMUM	1,500 PSI	Load & Bkdn: Gal - BBI	N/A
		Lost Returns-N	NO/FULL	Excess /Return BBI	33
		Actual TOC	SURFACE	Calc. TOC:	SURFACE
Average		Bump Plug PSI:	700	Final Circ. PSI:	N/A
is.F. 5 Min.		10 Min.	15 Min.	Cement Slurry: BBI	89.0
				Total Volume BBI	127.90

CUSTOMER REPRESENTATIVE _____  _____
SIGNATURE

API No. 15-007-24049-00-00
OTC/OCC Operator No. 34192-0

CEMENTING REPORT
To Accompany Completion Report

Form 1002C
Rev. 1996

OKLAHOMA CORPORATION COMMISSION
Oil & Gas Conservation Division
Post Office Box 52000-2000
Oklahoma City, Oklahoma 73152-2000
OAC 165:10-3-4(h)

All operators must include this form when submitting the Completion Report, (Form 1002A). The signature on this statement must be that of qualified employees of the cementing company and operator to demonstrate compliance with OAC 165:10-3-4(h). It may be advisable to take a copy of this form to location when cementing work is performed.

TYPE OR USE BLACK INK ONLY

*Field Name Wildcat	OCC District		
*Operator Sandridge Exploration & Production	OCC/OTC Operator No 34192-0		
*Well Name/No. Bear Creek Ranch 3115 1-14	County Barber		
*Location 1/4 1/4 1/4 1/4	Sec 14	Twp 31S	Rge 15W

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date		8/3/2013				
*Size of Drill Bit (Inches)		12 1/4"				
*Estimated % wash or hole enlargement used in calculations		125%				
*Size of Casing (inches O.D.)		8 5/8"				
*Top of Liner (if liner used) (ft.)		N/A				
*Setting Depth of Casing (ft.) from ground level		500'				
Type of Cement (API Class) In first (lead) or only slurry		O-TEX Lite Premium Plus				
In second slurry		Premium Plus (Class C)				
In third slurry		N/A				
Sacks of Cement Used In first (lead) or only slurry		200				
In second slurry		100				
In third slurry		N/A				
Vol of slurry pumped (Cu ft)(14.X15.) in first (lead) or only slurry		368				
In second slurry		132				
In third slurry		N/A				
Calculated Annular Height of Cement behind Pipe (ft)		Surface				
Cement left in pipe (ft)		46.9				

*Amount of Surface Casing Required (from Form 1000) _____ ft.

*Was cement circulated to Ground Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	*Was Cement Staging Tool (DV Tool) used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
*Was Cement Bond Log run? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If so, Attach Copy)	*If Yes, at what depth? _____ ft.

CEMENTING COMPANY AND OPERATOR MUST COMPLY WITH THE INSTRUCTIONS ON REVERSE SIDE OF FORM

* Designates items to be completed by Operator.
Items not so designated shall be completed by the Cementing Company.