



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1170595
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: _____



1170595

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	Michael 3020 1-20
Doc ID	1170595

Tops

Name	Top	Datum
Anhydrite	2632	-357
Heebner	4303	-2028
Lansing	4471	-2195
Marmaton	4988	-2673
Oswego	5027	-2703
Pawnee	5076	-2738
Cherokee	5122	-2768
Morrow	5302	-2868
Mississippi	5386	-2904

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 26, 2013

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

Re: ACO1
API 15-097-21766-00-00
Michael 3020 1-20
SW/4 Sec.20-30S-20W
Kiowa 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

Well		Field		Job Start		Customer		Job Number	
micheal 3020 1-20				Sep/03/2013		Sandridge		1845784	
Date	Time 24-hr clock	Treating Pressure PSI	Flow Rate B/M	Density LB/G	Volume BBL	Message			
09/04/2013	02:08:32	220	6.4	12.42	0.0				
09/04/2013	02:09:52	234	6.5	12.44	0.0				
09/04/2013	02:11:12	235	6.4	12.39	0.0				
09/04/2013	02:12:32	247	6.4	12.45	0.0				
09/04/2013	02:13:52	226	6.4	12.43	0.0				
09/04/2013	02:15:12	225	6.3	12.40	0.0				
09/04/2013	02:15:40	241	6.2	12.48	0.0	Reset Total, Vol = 82.09 bbl			
09/04/2013	02:15:44	244	6.2	12.43	0.0	End Lead Slurry			
09/04/2013	02:16:32	308	6.8	13.91	0.0				
09/04/2013	02:17:52	363	6.3	14.94	0.0				
09/04/2013	02:19:12	304	6.3	14.80	0.0				
09/04/2013	02:19:59	22	1.7	14.89	0.0	Reset Total, Vol = 27.53 bbl			
09/04/2013	02:20:03	20	0.3	14.91	0.0	End Tail Slurry			
09/04/2013	02:20:04	20	0.3	14.91	0.0	Drop Top Plug			
09/04/2013	02:20:32	13	0.0	14.96	0.0				
09/04/2013	02:21:52	17	0.6	14.72	0.0				
09/04/2013	02:23:12	113	4.6	9.34	0.0				
09/04/2013	02:24:32	120	4.6	8.62	0.0				
09/04/2013	02:25:52	114	4.6	8.48	0.0				
09/04/2013	02:27:12	125	4.5	8.45	0.0				
09/04/2013	02:28:32	162	4.5	8.44	0.0				
09/04/2013	02:29:52	225	4.5	8.44	0.0				
09/04/2013	02:31:12	225	4.5	8.44	0.0				
09/04/2013	02:32:32	185	2.8	8.44	0.0				
09/04/2013	02:33:52	192	2.0	8.44	0.0				
09/04/2013	02:35:12	225	2.0	8.44	0.0				
09/04/2013	02:36:32	206	2.0	8.44	0.0				
09/04/2013	02:37:25	1204	0.0	8.44	0.0	Bump Top Plug			
09/04/2013	02:37:30	1202	0.0	8.44	0.0	End Displacement			
09/04/2013	02:37:32	1202	0.0	8.44	0.0	Reset Total, Vol = 56.35 bbl			
09/04/2013	02:37:52	1196	0.0	8.44	0.0				
09/04/2013	02:39:12	1176	0.0	8.44	0.0				
09/04/2013	02:40:32	1158	0.0	8.44	0.0				
09/04/2013	02:41:52	898	0.0	8.44	0.0				
09/04/2013	02:43:12	-4	0.0	8.44	0.0				
09/04/2013	02:44:32	-5	0.0	8.44	0.0				
09/04/2013	02:45:52	-2	0.0	8.44	0.0				
09/04/2013	02:47:12	-3	0.0	2.23	0.0				
09/04/2013	02:48:32	127	5.7	7.67	0.0				
09/04/2013	02:49:52	16	0.0	8.22	0.0				
09/04/2013	02:51:12	4	0.0	8.17	0.0				
09/04/2013	02:52:11	-1	0.1	8.24	0.0	End Job			

Well micheal 3020 1-20	Field	Job Start Sep/03/2013	Customer Sandridge	Job Number 1845784
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Post Job Summary

Average Pump Rates, bbl/min					Volume of Fluid Injected, bbl			
Slurry	N2	Mud	Maximum Rate	Total Slurry 106.0	Mud	Spacer 20.0	N2	
Treating Pressure Summary, psi					Breakdown Fluid			
Maximum	Final 0	Average	Bump Plug to 800	Breakdown	Type	Volume bbl	Density lb/gal	
Avg. N2 Percent %	Designed Slurry Volume 106.0 bbl		Displacement 57.0 bbl	Mix Water Temp 70 degF	Cement Circulated to Surface? <input checked="" type="checkbox"/>	Volume 30.0 bbl	To ft	
Customer or Authorized Representative			Schlumberger Supervisor juan sapp		Washed Thru Perfs <input type="checkbox"/>	Circulation Lost <input type="checkbox"/>	Job Completed <input checked="" type="checkbox"/>	
					-	-		

