



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1170629
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: _____



1170629

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

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 1-20H
Doc ID	1170629

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
Mississippi Morrow	5302	-2868
Mississippi Solid	5386	-2904

Form	ACO1 - Well Completion
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Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
5	6024-6027		
5	5948-5987		
5	5941-5944		
5	6178-6181		
5	6123-6126		
5	6070-6076		

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 1-20H
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

Hydraulic Fracturing Fluid Product Component Information Disclosure

Job Start Date:	10/10/2013
Job End Date:	10/12/2013
State:	Kansas
County:	Kiowa
API Number:	15-097-21766-00-00
Operator Name:	SandRidge Energy
Well Name and Number:	Micheal 3020 1-20H
Longitude:	-99.53576537
Latitude:	37.41321577
Datum:	NAD27
Federal/Tribal Well:	NO
True Vertical Depth:	5,091
Total Base Water Volume (gal):	1,799,952
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	Company 1	Carrier/Base Fluid	Water	7732-18-5	100.00000	96.08563	None
Sand (Proppant)	Company 2	Proppant	Silica Substrate	NA	100.00000	3.07718	None
Hydrochloric Acid (15%)	Company 2	Acidizing	Hydrochloric Acid	7647-01-0	15.00000	0.10395	None
			NONYL PHENOL, 4 MOL	104-40-5	10.00000	0.00467	None
			Methyl Alcohol	67-56-1	80.00000	0.00085	None
			thiourea-formaldehyde copolymer	68527-49-1	15.00000	0.00016	None
Chemiflush	Archer	Enviro-Friendly Chemical Flush	Acrylamide modified copolymer	NA	60.00000	0.00754	None
			Aliphatic hydrocarbon	64742-47-8	30.00000	0.00377	None
			Hydro-treated Petroleum Distillate	64742-47-8	99.00000	0.00207	None
			Oxalkylated Alcohol	NA	5.00000	0.00063	None
			Ammonium chloride	12125-02-9	5.00000	0.00063	None
			Alcohol Ethoxylate Surfactants	NA	10.00000	0.00021	None
AIC	Archer	Liquid Acid Iron Control					

					Acetic Acid	64-19-7	50.00000	0.00214	None
					Citric Acid	77-92-9	30.00000	0.00129	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				
					Water	7732-18-5		0.04647	
					WATER	7732-18-5		0.02803	
					Anionic Polymer	N/A		0.02324	
					Aliphatic Hydrocarbon	64742-47-8		0.02324	
					TRADE SECRET	N/A		0.01869	
					Water	7732-18-5		0.01131	
					METHANOL	67-56-1		0.00467	
					ISOPROPANOL	67-63-0		0.00467	
					Oxyalkylated Alcohol	68002-97-1		0.00387	
					Polyol Ester	N/A		0.00387	
					Water	7732-18-5		0.00377	
					Sodium Salt of Phosphate Ester	68131-72-6		0.00188	
					Acrylic Polymer	28205-96-1		0.00188	
					Water	7732-18-5		0.00150	
					Polyglycol Ester	N/A		0.00077	
					Alkanolamide	N/A		0.00063	
					Polyol Ester	N/A		0.00063	
					Alcohol Ethoxylate Surfactants	N/A		0.00016	
					Alkanolamine	111-42-2		0.00013	
					Surfactant	N/A		0.00013	
					Oxyalkylated fatty Acid Derivative	N/A		0.00013	
					Ammonium salt n-olefins	7783-18-8		0.00013	
					Tetrasodium Ethylenediaminetetraacetate	64-02-8		0.00008	
					Propargyl Alcohol	107-19-7		0.00006	
					Surfactant	N/A			
					Buffer	N/A			

* 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)

Section 18
30S 20W

Section 17
30S 20W

1493' FNL

342'
FWL

BHL: 7381'
-99.536446 37.420038

Bottom Perf: 7207'
-99.53644 37.419747

Section 19
30S 20W

Kiowa County
Top Perf: 6024'
-99.536369 37.416429

Section 20
30S 20W

Miss Entry: 5410'
-99.53619 37.414132

MICHAEL 3020 1-20H



Section 30
30S 20W

Section 29
30S 20W



Actual Bottom-Hole Location of MICHAEL 3020 1-20H
Kiowa County, Kansas
T&R: 30S 20W
Section: 20, 342' FWL & 1493' FNL
-99.536446 37.420038

1 in = 661 ft



● Actual BH Location

* SandRidge Wells

--- Perf

□ Sections

0 500 1,000 2,000 Feet

Draftsman:

Aaron Birk

Draft Date: 12/9/2013

Drawing Name/Number:

Addendum_MICHAEL 3020 1-20H.mxd

Coordinate System:

NAD 1927 State Plane
Kansas South FIPS: 1502