



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1171146
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: _____



1171146

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> _____	PRODUCTION INTERVAL: _____ _____
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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

December 02, 2013

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

Re: ACO1
API 15-055-22232-00-00
Schmitt 2231 1-35
SW/4 Sec.35-22S-31W
Finney 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

ALLIED OIL & GAS SERVICES, LLC 061283

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT: Darkey KS

DATE <u>6/12/13</u>	SEC. <u>35</u>	TWP. <u>22</u>	RANGE <u>31</u>	CALLED OUT <u>4:30 PM</u>	ON LOCATION	JOB START <u>4:30</u>	JOB FINISH <u>6:00</u>
LEASE <u>Schmidt #12</u> WELL # <u>1-35</u>			LOCATION <u>Hwy 83 1/2 mi Rd E to 156 26</u>		COUNTY <u>Finney</u>	STATE <u>KS</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)			3N 1W 15 WNW 1/4				

CONTRACTOR Tom Cat #3 OWNER Same

TYPE OF JOB <u>Surface</u>	
HOLE SIZE <u>12 1/4</u>	T.D. <u>1845</u>
CASING SIZE <u>8 5/8</u>	DEPTH <u>1850</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>43.02</u>
CEMENT LEFT IN CSG. <u>43.02</u>	
PERFS.	
DISPLACEMENT <u>115.10 bbl</u>	

CEMENT

AMOUNT ORDERED 475 sks AMD

150 sks Com 3% CC 2% gel

COMMON <u>150 sks</u>	@ <u>17.90</u>	<u>2685.00</u>
POZMIX	@	
GEL <u>3 sks</u>	@ <u>23.40</u>	<u>70.20</u>
CHLORIDE <u>5 sks</u>	@ <u>64.00</u>	<u>320.00</u>
ASC	@	
AMD <u>475 sks</u>	@ <u>25.90</u>	<u>12,302.50</u>
	@	
	@	
	@	
	@	
	@	
	@	
HANDLING <u>706.62 ft³ ✓</u>	@ <u>2.48</u>	<u>709.10</u>
MILEAGE <u>31.96 ✓ 50 ✓</u>	@ <u>2.60</u>	<u>4154.80</u>
		TOTAL <u>20,241.60</u>

REMARKS:

mix 475 sks AMD + 150 sks Com 3% CC 2% gel

Displace with water

Cement did Circulate

Lead Plug @ 11000 Lbs pressure lost

Circulated 92 bbls of AMD to pit

Thank You!

SERVICE

DEPTH OF JOB		
PUMP TRUCK CHARGE		<u>2213.75</u>
EXTRA FOOTAGE	@	
MILEAGE <u>50</u>	@ <u>7.70</u>	<u>385.00</u>
MANIFOLD <u>Head</u>	@	<u>275.00</u>
<u>4 mi 50 miles</u>	@ <u>4.40</u>	<u>220.00</u>
	@	

CHARGE TO: Tom Cat Drlg.

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL 3093.75

To: Allied Oil & Gas Services, LLC.

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PLUG & FLOAT EQUIPMENT

<u>8 5/8 Weatherford</u>		
1 Rubber plug	@	<u>131.04</u>
1 Flapper float valve	@	<u>352.17</u>
5 Centralizers	@ <u>24.88</u>	<u>374.40</u>
1 Basket	@	<u>559.26</u>
1 Stop collar	@	<u>56.16</u>
		TOTAL <u>1473.03</u>

PRINTED NAME Miguel Sanchez

SIGNATURE Miguel S.

SALES TAX (If Any) _____

TOTAL CHARGES 24,808.38

DISCOUNT 5,209.75 IF PAID IN 30 DAYS

19,598.62 Net.

RECEIVED

AUG 21 2013

HALLIBURTON

Cementing Job Summary

REGULATORY DEPT

The Road to Excellence Starts with Safety

Sold To #: 305021	Ship To #: 3093392	Quote #:	Sales Order #: 900671932
Customer: SANDRIDGE ENERGY INC EBUSINESS		Customer Rep: Conallis, Cody	
Well Name: Schmitt 2231		Well #: 1-35	API/UWI #: 15-055-22232
Field:	City (SAP): FRIEND	County/Parish: Finney	State: Kansas
Legal Description: Section 35 Township 22S Range 31W			
Contractor: Tomcat		Rig/Platform Name/Num: TOMCAT 3 3	
Job Purpose: Cement Production Casing			
Well Type: Development Well		Job Type: Cement Production Casing	
Sales Person: FRENCH, JEREMY		Srvc Supervisor: RODRIGUEZ, EDGAR MBU ID Emp #: 442125	

Job Personnel

HES Emp Name	Exp Hrs	Emp #	HES Emp Name	Exp Hrs	Emp #	HES Emp Name	Exp Hrs	Emp #
JOURNAGAN, MICHAEL D	6.5	524224	RODRIGUEZ, EDGAR Alejandro	6.5	442125	SEARS, LOGAN Partick	6.5	544024
TORRES, CLEMENTE	6.5	344233						

Equipment

HES Unit #	Distance-1 way	HES Unit #	Distance-1 way	HES Unit #	Distance-1 way	HES Unit #	Distance-1 way

Job Hours

Date	On Location Hours	Operating Hours	Date	On Location Hours	Operating Hours	Date	On Location Hours	Operating Hours
8/17/2013	3	1	8/18/2013	3.5	2.5			

TOTAL Total is the sum of each column separately

Job

Job Times

Formation Name	Formation Depth (MD)	Top	Bottom	Called Out	Date	Time	Time Zone
				On Location	17 - Aug - 2013	12:00	CST
				Job Started	17 - Aug - 2013	21:00	CST
	5219. ft			Job Started	18 - Aug - 2013	01:29	CST
				Job Completed	18 - Aug - 2013	02:57	CST
				Departed Loc	18 - Aug - 2013	04:20	CST

Well Data

Description	New / Used	Max pressure psig	Size in	ID in	Weight lbm/ft	Thread	Grade	Top MD ft	Bottom MD ft	Top TVD ft	Bottom TVD ft
7.875" Open Hole				7.875				1836.	5220.		
5.5" Production Casing	Unknown		5.5	4.	17.	LTC	J-55	.	5220.		
8.625" Surface Casing	Unknown		8.625	7.921	32.	STC	J-55	.	1836.		

Sales/Rental/3rd Party (HES)

Description	Qty	Qty uom	Depth	Supplier
PLUG,CMTG, TOP PLSTC, 5 1/2 13-23PPF, 4.49	1	EA		

Tools and Accessories

Type	Size	Qty	Make	Depth	Type	Size	Qty	Make	Depth	Type	Size	Qty	Make
Guide Shoe					Packer					Top Plug	5 1/2	1	HES
Float Shoe					Bridge Plug					Bottom Plug			
Float Collar					Retainer					SSR plug set			
Insert Float										Plug Container	5 1/2	1	HES
Stage Tool										Centralizers			

Miscellaneous Materials

Gelling Agt	Conc	Surfactant	Conc	Acid Type	Qty	Conc	%
Treatment Fld	Conc	Inhibitor	Conc	Sand Type	Size	Qty	

Fluid Data

Stage/Plug #: 1

HALLIBURTON

Cementing Job Summary

Fluid #	Stage Type	Fluid Name	Qty	Qty uom	Mixing Density lbm/gal	Yield ft ³ /sk	Mix Fluid Gal/sk	Rate bbl/min	Total Mix Fluid Gal/sk
1	Rig Supplied Gel Spacer		30.00	bbl	8.5	.0	.0	.0	
2	Lead Cement	ECONOCEM (TM) SYSTEM (452992)	375.0	sacks	12.	2.23	12.4		12.4
	0.2 %	HR-800, 50 LB SACK (101619742)							
	3 %	CAL-SEAL 60, 50 LB BAG (101217146)							
	6 %	BENTONITE, BULK (100003682)							
	0.1 %	WG-17, 50 LB SK (100003623)							
	12.395 Gal	FRESH WATER							
3	Tail Cement	ECONOCEM (TM) SYSTEM (452992)	215.0	sacks	13.6	1.47	7.0		7.0
	0.25 %	SA-1015, 50 LB SACK (102077046)							
	0.2 %	CFR-3, W/O DEFOAMER, 50 LB SK (100003653)							
	6.998 Gal	FRESH WATER							
4	Displacement		120.00	bbl	8.33	.0	.0	.0	
Calculated Values		Pressures			Volumes				
Displacement	120	Shut In: Instant		Lost Returns	NO	Cement Slurry	205	Pad	
Top Of Cement	650	5 Min		Cement Returns	NO	Actual Displacement	120	Treatment	
Frac Gradient		15 Min		Spacers	30	Load and Breakdown		Total Job	355
Rates									
Circulating	5	Mixing	5	Displacement	5	Avg. Job	5		
Cement Left In Pipe	Amount	46 ft	Reason	Shoe Joint					
Frac Ring # 1 @	ID	Frac ring # 2 @	ID	Frac Ring # 3 @	ID	Frac Ring # 4 @	ID		
The Information Stated Herein Is Correct				Customer Representative Signature 					