



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1172620
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: _____



1172620

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	Ruth 3504 1-9
Doc ID	1172620

Tops

Name	Top	Datum
Heebner	3032	-1827
Lansing	3378	-2173
Cottage Grove	3772	-2567
Swope	4005	-2800
Hertha	4026	-2821
Marmation	4144	-2939
Oswego	4160	-2955
Pawnee	4239	-3034
Fort Scott	4278	-3073
Cherokee	4296	-3091
Mississippi	4564	-3359
Osage	4811	-3606
Kinderhook	4931	-3729



BASIN SERVICES, LLC
 P O BOX 4268
 ABILENE, TX 79608-4268
 Phone # (325)690-0053
 Fax # (325)698-0055

TICKET

TICKET NUMBER: WY-160-1
 TICKET DATE: 11/14/2013

ELECTRONIC

SANDRIDGE ENERGY
 ***** BILL IN ADP!! *****
 123 ROBERT S KERR AVE
 OKLAHOMA CITY, OK 73102-6406

YARD: WY WAYNOKA OK
 LEASE: Ruth 3504
 WELL#: 1-9
 RIG #: Tomcat 2
 Co/St: SUMNER, KS

DESCRIPTION	QUANTITY	RATE	AMOUNT
11/13-14/2013 DRILLED 30" CONDUCTOR HOLE			
11/13-14/2013 20" CONDUCTOR PIPE (.250 WALL)			
11/13-14/2013 6' X 6' CELLAR TINHORN WITH PROTECTIVE RING			
11/13-14/2013 DRILL & INSTALL 6' X 6' CELLAR TINHORN			
11/13-14/2013 DRILLED 20" RATHOLE (PER FOOT)			
11/13-14/2013 16" CONDUCTOR PIPE (.250 WALL)			
11/13-14/2013 DRILLED 20" MOUSE HOLE (PER FOOT)			
11/13-14/2013 MOBILIZATION OF EQUIPMENT & ROAD PERMITTING FEE			
11/13-14/2013 WELDING SERVICES FOR PIPE & LIDS			
11/13-14/2013 PROVIDED EQUIPMENT & LABOR TO ASSIST IN PUMPING CONCRETE			
11/13-14/2013 PROVIDED METAL LIDS (1 FOR CONDUCTOR & 2 FOR MOUSEHOLE PIPE)			
11/13-14/2013 10 YDS OF 10 SACK GROUT			
11/13-14/2013 TAXABLE ITEMS			3,600.00
11/13-14/2013 BID - TAXABLE ITEMS			6,900.00
		Sub Total:	10,500.00
		Tax SUMNER COUNTY (6.65 %):	239.40
		TICKET TOTAL:	<u>\$ 10,739.40</u>

I, the undersigned, acknowledge the acceptance of the above listed goods and/or services.

Approved Signature _____

API No. 15-191-22713-00-00
OTC/OCC Operator No. 34192

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 Hula	OCC District		
*Operator Sandridge Exploration & Production	OCC/OTC Operator No 34192		
*Well Name/No. Ruth 3504 1-9	County Sumner		
*Location NW 1/4 NE 1/4 NW 1/4 NE 1/4	Sec 9	Twp 35S	Rge 4W

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date		11/22/2013				
*Size of Drill Bit (Inches)		12 1/4"				
*Estimated % wash or hole enlargement used in calculations		125% & 150%				
*Size of Casing (inches O.D.)		9 5/8"				
*Top of Liner (if liner used) (ft.)		N/A				
*Setting Depth of Casing (ft.) from ground level		600'				
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		205				
In second slurry		130				
In third slurry		N/A				
Vol of slurry pumped (Cu ft)(14.X15.) in first (lead) or only slurry		412.05				
In second slurry		171.6				
In third slurry		N/A				
Calculated Annular Height of Cement behind Pipe (ft)		Surface				
Cement left in pipe (ft)		43.68				

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

JOB SUMMARY			PROJECT NUMBER SOK 3234	TICKET DATE 12/04/13
COUNTY Sumner	State Kansas	COMPANY Bridge Exploration & Produc	CUSTOMER REP Bill Tomlinson	
LEASE NAME Ruth 3504	Well No. 1-9	JOB TYPE Plug Job	EMPLOYEE NAME LOUIS ARNEY	

EMP NAME L. ARNEY					
M. QUINTANA					
D. TEWELL					
F. HELKENA					

Form. Name _____ Type: _____

Packer Type _____ Set At 0

Bottom Hole Temp. 80 Pressure _____

Retainer Depth _____ Total Depth 900

Date	Called Out	On Location	Job Started	Job Completed
	12/3/2013	12/4/2013	12/4/2013	12/4/2013
Time	2200	0300	0806	2000

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

	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing		36#	9 5/8"		Surface	900	1,500
Liner							
Liner							
Tubing			4 1/2"				
Drill Pipe							
Open Hole			12 1/4"		Surface	900	Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials			
Mud Type	WBM	Density	9 Lb/Gal
Disp. Fluid	Fresh Water	Density	8.33 Lb/Gal
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
Perfpac Balls	Qty.		
Other			
Other			
Other			
Other			

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
12/4	17.0	12/4	1.5	Plug Job
Total	17.0	Total	1.5	

Pressures			
MAX	1,500 PSI	AVG	90
Average Rates in BPM			
MAX	6 BPM	AVG	3
Cement Left in Pipe			
Feet	0	Reason	SHOE JOINT

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	50	Premium Plus (Class C)		0	6.32	1.32 14.80
2	50	Premium Plus (Class C)	2% Calcium Chloride on the side		6.32	1.32 14.80
3	30	Premium Plus (Class C)		0	6.32	1.32 14.80

Summary					
Preflush Breakdown	Type: _____	MAXIMUM 1,500 PSI	Preflush: BBI	10.00	Type: Fresh Water
	Lost Returns-N	NO/FULL	Load & Bkdn: Gal - BBI	N/A	Pad:Bbl -Gal N/A
	Actual TOC	SURFACE	Excess /Return BBI		Calc. Disp Bbl 24
Average	Bump Plug PSI:	0	Calc. TOC:	SURFACE	Actual Disp. 24.00
ISIP _____ 5 Min.	10 Min _____	15 Min _____	Final Circ. PSI:	0	Disp:Bbl _____
			Cement Slurry: BBI	30.5	
			Total Volume BBI	64.50	

CUSTOMER REPRESENTATIVE Bill Tomlinson SIGNATURE

Job Data Sheet



COMPANY Sandridge Exploration & Production				PROJECT NUMBER SOK 3234		AFEWORk ORDER DC13427		DATE 12/3/2013		
CONTRACTOR Tomcat #2				Owner Same		LEGAL DESCRIPTION 9/35S/4W		API 15-191-22713-00-00		
LEASE & WELL # Ruth 3504 1-9				COUNTY Sumner		STATE Kansas		MILEAGE 100		
DIRECTIONS CALDWELL KS - WEST ON 1ST AVE FOR 0.7 MILES - SOUTH ON SPRINGDALE RD FOR 0.5 MILES - WEST ON 180TH ST FOR 5 MILES - SOUTH ON MORRIS RD FOR 1 MILE - WEST ON 190TH ST FOR 2.3 MILES										
Pumping Services	<input checked="" type="checkbox"/> Surface		<input type="checkbox"/> Intermediate		<input type="checkbox"/> Long String		<input type="checkbox"/> Plug Back			
	<input type="checkbox"/> Squeeze		<input type="checkbox"/> Acid		<input type="checkbox"/> PTA		<input type="checkbox"/> Other		() H2S	
	Casing Size	Casing Weight	Thread	Tbng/DP Size	Thread	Plug. Cont.	Swage	Top Plug	Bottom Plug	
	9 1/2"	36#	LTC	4 1/2"	16.6#	YES	YES	YES	NO	% Excess 20%
	Number and Type Units Pump Truck & Bulk Materials							Casing Depth	Hole Depth	Hole Size
Remarks SEE ATTACHED PAPER							Est. BHST	Tubing Depth	Depth-TVD	Mud Weight/Type
							80°			
Materials	1st Plug	# of Sacks	Type	Additives						
	11.75	50	Premium Plus (Class C)	11.75 bbl cement						
	H2O TO MIX	Weight PPG	Yield Ft ³ /Sk	Water Gal/Sk						
	7.52	14.80	1.32	6.32						
	2nd Plug	# of Sacks	Type	Additives						
	11.75	50	Premium Plus (Class C)	11.75 bbl cement						
	H2O TO MIX	Weight PPG	Yield Ft ³ /Sk	Water Gal/Sk	2% Calcium Chloride on the side					
	7.52	14.80	1.32	6.32						
	3rd Plug	# of Sacks	Type	Additives						
	7.05	30	Premium Plus (Class C)	7.05 bbl cement						
		ACID	Type	Additives						
		Inhibitor	Surfactant	clay cont.	TAKE 50 # Sugar					
	Spacer or Flush	Quantity	Type	Additives						
	Spacer or Flush	Quantity	Type	Additives						
	Displace	Quantity	Type	Additives						
			WBM	TAKE PLENTY OF HOSES						
Crew Called	Cementer		Pumper		Bulky		Bulky		Bulky	
Sales Items	Casing Size		Casing Weight		Thread					
	Guide Shoe		Float Shoe		Float Collar		Insert Float Valve			
	Centralizers - Number		Size			Type				
	Wall Cleaners - Number		Type			MSC (DV Tool)		MSC Plug Set		
	Limit Clamps		Thread lock			Other				
	Remarks									
	Customer Rep. Bill Tomlinson		Cell Phone 832-518-4175		Office Phone		Fax		Time of Call	
Call Taken By Jared Sisco							Date Ready		Location Time	
Crew Called							Yard Time			

