



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1174353
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: _____



1174353

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	Clarke D 3008 1-29
Doc ID	1174353

Tops

Name	Top	Datum
Lansing	1645	-63
Kansas City	2127	-545
Swope	2241	-659
Hertha	2267	-685
Cleveland	2348	-766
Marmaton	2405	-823
Oswego	2421	-839
Pawnee	2533	-951
Fort Scott	2563	-981
Cherokee	2578	-996
Mississippi	2873	-1291
Kinderhook	3228	-1645
Arbuckle	3239	-1657

Hydraulic Fracturing Fluid Product Component Information Disclosure

Job Start Date:	11/22/2013
Job End Date:	11/22/2013
State:	Kansas
County:	Cowley
API Number:	15-035-24519-00-00
Operator Name:	SandRidge Energy
Well Name and Number:	Clarke D 3008 #1-29
Longitude:	-96.54395967
Latitude:	37.40536548
Datum:	NAD27
Federal/Tribal Well:	NO
True Vertical Depth:	2,278
Total Base Water Volume (gal):	22,218
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	SandRidge	Carrier/Base Fluid	Water	7732-18-5	100.00000	70.24010	None
Hydrochloric Acid (15%)	Consolidated	Acidizing	Hydrochloric Acid	7647-01-0	15.00000	4.31296	None
GA-15L	Consolidated	Gelling agent	Petroleum Distillates	64742-47-8	65.00000	0.31748	None
FA-410	Consolidated	Foamer	Proprietary non-hazardous polymers	Proprietary	45.00000	0.21980	None
AI-260	Consolidated	Acid Inhibitor	2-Butoxyethanol	111-76-2	15.00000	0.02602	None
			Ethylene Glycol	107-21-1	15.00000	0.02602	None
			Ethylene Glycol	107-21-1	40.00000	0.01201	None
			N,N Dimethyl Formamide	68-12-2	20.00000	0.00600	None
			2-Butoxyethanol	111-76-2	6.00000	0.00180	None
			Cinnamaldehyde	104-55-2	6.00000	0.00180	None
			Ethoxylated nonylphenol	68412-54-4	5.00000	0.00150	None
			1-Decanol	112-90-1	5.00000	0.00150	None
			Isopropanol	67-63-0	2.50000	0.00075	None

			Triethyl phosphate	78-40-0	2.50000	0.00075	None
			1-Octanol	111-87-5	2.50000	0.00075	None
PS-102	Consolidated	Scale Inhibitor					
			Methyl Alcohol	60-56-1	25.00000	0.00493	None
Biostat 650	Consolidated	Biocide					
			Methanol	67-56-1	20.00000	0.00352	None
			Isopropanol	67-63-0	5.00000	0.00088	None
LEB-4	Consolidated	Gel breaker					
			TRADE SECRET	NA	100.00000	0.00322	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				
			Isopropanol	67-63-0			
			Methanol	67-56-1			
			Citric Acid	77-92-9			

* 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)

Mid-Continent Conductor, LLC

Invoice

Date	Invoice #
9/10/2013	2123

P.O. Box 1570
 Woodward, OK 73802
 Phone: (580)254-5400
 Fax: (580)254-3242

Bill To
SandRidge Energy, Inc. Attn: Purchasing Mgr. 123 Robert S. Kerr Avenue Oklahoma City, OK. 73102

Ordered By	Terms	Date of Service	Lease Name/Legal Desc.	Drilling Rig
Carl Miller	Net 30	9/10/2013	Clark D 3008 1-29, Cowley Cnty, KS	Tomcat 3

Item	Quantity	Description	
Conductor Hole	40	Drilled 40 ft. conductor hole	
20" Pipe	40	Furnished 40 ft. of 20 inch conductor pipe	
Rat & Mouse Holes	1	Drilled rat and mouse holes	
Rat Hole Shuck	1	Furnished rat hole shuck	
Mouse Hole Shuck	1	Furnished mouse hole shuck	
Cellar Hole	1	Drilled 6' X 6' cellar hole	
6' X 6' Tinhorn	1	Furnished and set 6' X 6' tinhorn	
Mud and Water	1	Furnished mud and water	
Transport Truck - Conductor	1	Transport mud and water to location	
Grout & Trucking	5	Furnished grout and trucking to location	
Grout Pump	1	Furnished grout pump	
Fence Panels	1	Furnished safety netting around conductor holes	
Welder & Materials	1	Furnished welder and materials	
Dirt Removal	1	Furnished labor and equipment for dirt removal	
Cover Plate	1	Furnished cover plates	
Permits	1	Permits	
			Subtotal \$10,200.00
			Sales Tax (0.0%) \$0.00
			Total \$10,200.00

JOB SUMMARY			PROJECT NUMBER SOK 3083	TICKET DATE 10/05/13
COUNTY Cowley	State Kansas	COMPANY Bridge Exploration & Produc	CUSTOMER REP Jamie Prieto	
LEASE NAME Clarke D 3008	Well No. 1-29	JOB TYPE Surface	EMPLOYEE NAME LOUIS ARNEY	

EMP NAME					
L. ARNEY					
M. QUINTANA					
D. TEWELL					
R. STONEHOCHER					

Form. Name _____ Type: _____

Packer Type _____ Set At **0**

Bottom Hole Temp. **80** Pressure _____

Retainer Depth _____ Total Depth **550**

	Called Out	On Location	Job Started	Job Completed
Date	10/4/2013	10/5/2013	10/5/2013	10/5/2013
Time	1800	0200	0849	1100

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		36#	9"		Surface 550 1,500
Liner					
Liner					
Tubing			0		
Drill Pipe					
Open Hole			12 1/4"		Surface 550 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.	ln	
NE Agent	Gal.	ln	
Fluid Loss	Gal/Lb	ln	
Gelling Agent	Gal/Lb	ln	
Fric. Red.	Gal/Lb	ln	
MISC.	Gal/Lb	ln	

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
10/6	9.0	10/5	1.0	Surface
Total	9.0	Total	1.0	

Perfpac Balls _____ Qty. _____

Other _____

Other _____

Other _____

Other _____

Pressures	
MAX	1,500 PSI
AVG.	200
Average Rates in BPM	
MAX	6 BPM
AVG	4
Cement Left in Pipe	
Feet	46
Reason	SHOE JOINT

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	325	Premium Plus (Class C)	2% Calcium Chloride - 1/2pps Cello-Flake	6.32	1.32	14.80
2	0	0		0	0.00	0.00
3	*100	Premium Plus (Class C)	*2% Calcium Chloride on side to use if necessary	*6.32	*1.32	*14.8

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 31	Calc.Disp Bbl _____	
Average	Bump Plus PSI: 900		Calc. TOC: SURFACE	Actual Disp. 39.00	
.S.P _____ 5 Min. _____	10 Min. _____	15 Min. _____	Final Circ. PSI: 300	Disp:Bbl _____	
			Cement Slurry: BBI 76.4		
			Total Volume BBI 125.40		

CUSTOMER REPRESENTATIVE _____ SIGNATURE _____

JOB SUMMARY

JOB SUMMARY			PROJECT NUMBER SOK 3094	TICKET DATE 10/10/13
COUNTY Cowley	State Kansas	COMPANY Sandridge Exploration & Production	CUSTOMER REP Jaime Prieto	
LEASE NAME Clarke D 3008	Well No. 1-29	JOB TYPE Production	EMPLOYEE NAME Louis Arney	

EMP NAME	Louis Arney	Eric Parsons			
	Marcos Quintana				
	Danny Tewell				
	0.00				

Form. Name _____ Type: _____

Packer Type _____ Set At **0**

Bottom Hole Temp. **165** Pressure _____

Retainer Depth _____ Total Depth **3454**

	Called Out	On Location	Job Started	Job Completed
Date	10/9/2013	10/10/2013	10/10/2013	10/10/2013
Time	8:30pm	4:00am	8:12am	11:00am

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
Weid-A	0	IR
Texas Pattern Guide Shoe	0	IR
Cement Basket	0	IR

	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing		26#	7"		Surface	3,464	5,000
Liner							
Liner							
Tubing			0				
Drill Pipe							
Open Hole			8 1/2"		Surface	3,454	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 Wate	BBL.	20 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			
Other			

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
10/10	6.0	10/10	2.0	Production
Total	6.0	Total	2.0	

Pressures	
MAX	5,000 PSI
AVG	140
Average Rates in BPM	
MAX	8 BPM
AVG	4
Cement Left in Pipe	
Feet	47
Reason	SHOE JOINT

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	385	Tex Lite Premium Plus 65	6% Gel - 2% Calcium Chloride - 0.2% FL-17 - 0.4% C-41P - 1/4 pps Celloflak	10.06	1.89	12.70
2	270	Premium Plus (Class C)	0.2% FL-17 - 0.4% C-41P - 0.1% C-20 - 1/4 pps Celloflake	6.35	1.35	14.80
3	0	0		0	0.00	0.00

Summary					
Preflush	_____	Type:	_____	Preflush:	BBI 20.00
Breakdown	_____	MAXIMUM	5,000 PSI	Load & Bkdn:	Gal - BBI N/A
	_____	Lost Returns-N	NO/FULL	Excess /Return	BBI N/A
	_____	Actual TOC	_____	Calc. TOC:	Surface 131
Average	_____	Bump Plug PSI:	1,150	Final Circ.	PSI: 550
ISIP	5 Min. _____	10 Min	15 Min _____	Cement Slurry:	BBI 194.5
				Total Volume	BBI 345.50

CUSTOMER REPRESENTATIVE _____ SIGNATURE _____