



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1174434
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: _____



1174434

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Clarke 3008 1-9
Doc ID	1174434

Tops

Name	Top	Datum
Lansing	1575	-62
Lansas City	2021	-508
Swope	2117	-604
Hertha	2175	-662
Cleveland	2262	-749
Marmaton	2330	-807
Oswego	2335	-822
Pawnee	2439	-926
Fort Scott	2468	-955
Cherokee	2484	-971
Mississippi	2809	-1296
Kinderhook	3093	-1580
Arbuckle	3155	-1642

Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Clarke 3008 1-9
Doc ID	1174434

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	3152-3155	CIBP	2775
4	3143-3149	Acidize - 500 gals 7.5% NEFE w/additivities- drop 20 ball sealers, 500 gals 7.5% NEVE with additives. 500 gals 7.5% NEFE with additivities, a00 bbls fresh water	3140-3155
4	3140-3142	CIBP w/2 sks cement on top	3115
2	2862-2876		
2	2842-2858		
2	2832-2838		
2	2810-2817	CIBP	2775
4	2676-2689		

Mid-Continent Conductor, LLC

Invoice

Date	Invoice #
9/11/2013	2125

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	9/11/2013	Clark 3008 1-9, 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 3046	TICKET DATE 09/22/13
COUNTY Cowley	State Kansas	COMPANY Bridge Exploration & Produc	CUSTOMER REP 0	
LEASE NAME Clarke 3008	Well No. 1-9	JOB TYPE Surface	EMPLOYEE NAME John Hall	

EMP NAME					
John Hall		0			
Rocky Anthis					
Joseph Klemm					
Roy Morris					

Form. Name _____ Type: _____

Packer Type _____ Set At 0

Bottom Hole Temp. 80 Pressure _____

Retainer Depth _____ Total Depth 280'

	Called Out	On Location	Job Started	Job Completed
Date	9/21/2013	9/21/2013	9/21/2013	9/22/2013
Time	1530	2030	2330	100

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	280'	1,500
Liner							
Liner							
Tubing			0				
Drill Pipe							
Open Hole			12 1/4"		Surface	280'	Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials			
Mud Type	WBM	Density	Lb/Gal
Disp. Fluid	Fresh Water	8.33	8.33
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	

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
9/21	4.0	9/22	1.5	Surface
Total	4.0	Total	1.5	

Perfpac Balls _____ Qty. _____

Other _____

Other _____

Other _____

Other _____

Other _____

Pressures		
MAX	1,500 PSI	AVG. _____
Average Rates in BPM		
MAX	5 BPM	AVG. _____
Cement Left in Pipe		
Feet	51	Reason SHOE JOINT

Cement Data							
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal	
1	170	Premium Plus (Class C)	2% Calcium Chloride - 1/2pps Cello-Flake		6.32	1.32	14.80
2	*100	Premium Plus (Class C)	*2% Calcium Chloride on side to use if necessary		*6.32	*1.32	*14.8
3	0	0		0	0.00	0.00	0.00

Summary					
Preflush Breakdown	Type: _____	MAXIMUM _____	Lost Returns-N _____	Actual TOC _____	Bump Plug PSI: _____
Average	5 Min. _____	10 Min. _____	15 Min. _____	Final Circ. PSI: _____	Cement Slurry: BBI _____
				Total Volume BBI	69.70
				Preflush: BBI	10.00
				Load & Bkdn: Gal - BBI	N/A
				Excess /Return BBI	10
				Calc. TOC: _____	SURFACE
				Actual Disp.	19.80
				Disp:Bbl	19.80

CUSTOMER REPRESENTATIVE _____

SIGNATURE _____

Job Data Sheet



COMPANY Sandridge Exploration & Production				PROJECT NUMBER SOK 3046		AFEWK ORDER DC13074		DATE 9/18/2013			
CONTRACTOR Tomcat 3			Owner Same			LEGAL DESCRIPTION 9/30S/8E		API 15-035-24516-00-00			
LEASE & WELL # Clarke 3008 1-9				COUNTY Cowley		STATE Kansas		MILEAGE 100			
DIRECTIONS GRENOLA, KS - 5.5 MI. WEST ON HWY 160 - 1.5 MI. NORTH - .2 MI. NE - .2 MI. NORTH - .7 MI. WEST - 3 MI. NORTH											
Pumping Services	<input checked="" type="checkbox"/> Surface		<input type="checkbox"/> Intermediate		<input type="checkbox"/> Long String		<input type="checkbox"/> Plug Back		() H2S		
	<input type="checkbox"/> Squeeze		<input type="checkbox"/> Acid		<input type="checkbox"/> PTA		<input type="checkbox"/> Other				
	Casing Size	Casing Weight	Thread	Tbng/DP Size	Thread	Plug. Cont.	Swage	Top Plug		Bottom Plug	% Excess
	9 5/8"	36#	LTC			YES	YES	YES		NO	150%
	Number and Type Units							Casing Depth		Hole Depth	Hole Size
Pump Truck & Bulk Materials							280'	280'	12 1/4"		
Remarks *take off topout if not used on JOB DATA SHEET						Est. BHST	Tubing Depth	Depth-TVD	Mud Weight/Type		
						80°					
Materials	LEAD	# of Sacks	Type		Additives						
	39.97	170	Premium Plus (Class C)		2% Calcium Chloride - 1/4pps Cello-Flake						
	H2O TO MIX	Weight PPG	Yield Ft3/Sk	Water Gal/Sk							
	25.58	14.80	1.32	6.32							
	TAIL	# of Sacks	Type		Additives						
	#VALUE!	*100	Premium Plus (Class C)		*2% Calcium Chloride on side to use if necessary						
	H2O TO MIX	Weight PPG	Yield Ft3/Sk	Water Gal/Sk							
	#VALUE!	*14.8	*1.32	*6.32							
	TOP OUT	# of Sacks	Type		Additives						
	H2O TO MIX	Weight PPG	Yield Ft3/Sk	Water Gal/Sk	TAKE 50 # Sugar						
	ACID	Type		Additives							
	Inhibitor	Surfactant	clay cont.								
Spacer or Flush	Quantity	Type		Additives							
	10 BBL	Fresh Water									
Spacer or Flush	Quantity	Type		Additives							
Other	Quantity	Type		Additives							
Crew Called	Cementer		Pumper		Bulky		Bulky		Bulky		
CEOL	9 5/8" 8RD SWAGE, SW, DW, 2 HOSES										
Sales Items	Casing Size	9 5/8"	Casing Weight	36#	Thread	LTC					
	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	GET WATER SAMPLES AND AFE NUMBER ON LOCATION									
Customer Rep.	0	Cell Phone	832-518-4133	Office Phone		Fax		Time of Call			
Call Taken By	Larry Kirchner Jr.				Date Ready	9/18/13	Location Time				
Crew Called					Yard Time						