



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1177964
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
-----------------------------------	-----------------	---

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: _____

1177964

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
--	---

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
----------------	-------	---------	------------	---

Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
---	--

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: _____ _____
--	--	---

Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Rizzo SWD 3204 1-25
Doc ID	1177964

Tops

Name	Top	Datum
Base Heebner	2644	-1427
Tonkawa	2960	-1744
Cottage Grove	3277	-2060
Oswego Limestone	3602	-2386
Cherokee Group	3724	-2508
Verdigris	3755	-2539
Missippi	3928	-2742
Kinderhook	4268	-3051
Woodford	4321	-3104
Simpson	4355	-3172
Oil Creek	4425	-3209
Arbuckle	4460	-3244

JOB SUMMARY			PROJECT NUMBER SOK 2841	TICKET DATE 07/03/13
COUNTY Sumner	State Kansas	COMPANY Bridge Exploration & Produc	CUSTOMER REP Edward Noreuill	
LEASE NAME Rizzo SWD 3204	Well No. 1-25	JOB TYPE Surface	EMPLOYEE NAME ROBERT BURRIS	

EMP NAME					
Robert Burris		0			
Mike Hall					
Cheryl Newton					
Frank Reeves					

Form. Name _____ Type: _____
Packer Type _____ Set At _____
Bottom Hole Temp. **80** Pressure _____
Retainer Depth _____ Total Depth **300**

Date	Called Out 7/3/2013	On Location 7/3/2013	Job Started 7/3/2013	Job Completed 7/3/2013
Time	04:00	07:00	10:30	12:00

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		24#	8 1/2"		Surface	311	1,500
Liner							
Liner							
Tubing			0				
Drill Pipe							
Open Hole			12 1/2"		Surface	294	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	

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
7/3	4.5	7/3	0.7	Surface
Total	4.5	Total	0.7	

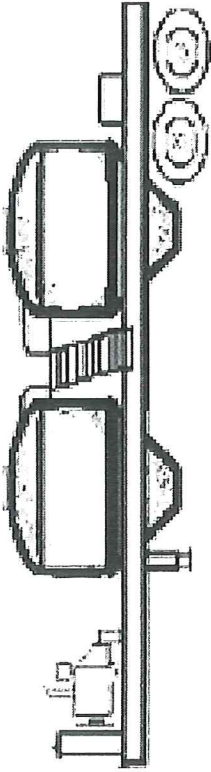
Perfpac Balls _____ Qty. _____
Other _____
Other _____
Other _____
Other _____

Pressures	
MAX 1,500 PSI	AVG. 175
Average Rates in BPM	
MAX 6 BPM	AVG 3.5
Cement Left in Pipe	
Feet 47	Reason SHOE JOINT

Cement Data			
Stage	Sacks	Cement	Additives
1	200	EX Lite Premium Plus 65	(6% Gel) 2% Calcium Chloride - 1/4pps Cello-Flake - .5% C-41P
2	100	Premium Plus (Class C)	2% Calcium Chloride - 1/4pps Cello-Flake
3	0	0	0
			W/Rq. Yield Lbs/Gal
			10.88 1.84 12.70
			6.32 1.32 14.80
			0 0.00 0.00 0.00

Summary			
Preflush Breakdown	Type: _____	Preflush: BBI	10.00
	MAXIMUM	Load & Bkdn: Gal - BBI	N/A
	Lost Returns-N	Excess /Return BBI	42
	Actual TOC	Calc. TOC:	SURFACE
Average	Bump Plug PSI: 1,100	Final Circ. PSI:	300
ISIP 5 Min.	10 Min	Cement Slurry: BBI	90.0
	15 Min	Total Volume BBI	117.00

CUSTOMER REPRESENTATIVE _____ SIGNATURE _____



Trailer Number: 36824/62485

Driver Name _____

Front Pot
LEAD

Cement 65/35 CLASS C/POZ

200 sks

CEMENT ADDITIVES

6% GEL	
2% CALCIUM	2% CALCIUM
1/4 PPS FLAKE	1/4 PPS FLAKE
.5% C-41P	

Rear Pot
TAIL

Cement CLASS C

100 sks

COMPANY: Sandridge DATE: 7/2/2013

LEASE: Rizzo SWD 3204 1-25 TICKET: SOK 2841

JOB SUMMARY			PROJECT NUMBER SOK 2869	TICKET DATE 07/10/13
COUNTY Sumner	State Oklahoma	COMPANY Sandridge Exploration & Production	CUSTOMER REP Edward Noreuil	
LEASE NAME Rizzo 3204 SWD	Well No. 1-25	JOB TYPE Production	EMPLOYEE NAME ROBERT BURRIS	

EMP NAME	Robert Burris	0				
	Mike Hall					
	Cheryl Newton					
	RICKY STEVENS					

Form. Name _____ Type: _____

Packer Type _____ Set At _____ 0 _____

Bottom Hole Temp. _____ 140° _____ Pressure _____

Retainer Depth _____ Total Depth _____ 4,579'

	Called Out	On Location	Job Started	Job Completed
Date	7/10/2013	7/10/2013	7/10/2013	7/10/2013
Time	16:30	19:00	20:02	22:20

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
Casing		17#	5 1/2"		Surface	4,594
Liner						5,000
Liner						
Tubing			0			
Drill Pipe						
Open Hole			7 7/8"		Surface	4,589
Perforations						Shots/Ft.
Perforations						
Perforations						

Materials			
Mud Type	WBM	Density	9 Lb/Gal
Disp. Fluid	Fresh Water	Density	8.33 Lb/Gal
Spacer type	BARITE BBL.	15	10.00
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	
7/10	3.3	7/10	1.2	Production
Total	3.3	Total	1.2	

Perfpac Balls _____ Qty. _____

Other _____

Other _____

Other _____

Other _____

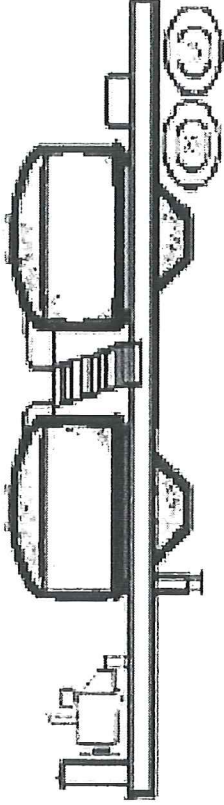
Other _____

Pressures		
MAX	5,000 PSI	AVG. 275
Average Rates in BPM		
MAX	8 BPM	AVG 4.5
Cement Left in Pipe		
Feet	47	Reason SHOE JOINT

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	405	50/50 POZ PREMIUM	4% Gel - 0.4% C-15 - 0.4% C-41P - 2pps Kolseal	11.56	2.07	12.00
2	245	Premium	0.4% FL-17 - 0.1% C-20 - 0.4% C-41P	8.60	1.64	13.60
3	0	0		0	0.00	0.00

Summary					
Preflush Breakdown	_____	Type: _____	Preflush: BBI	15.00	Type: 10ppg Barite Spacer
	MAXIMUM	5,000 PSI	Load & Bkdn: Gal - BBI	N/A	Pad:Bbl -Gal N/A
	Lost Returns-N	NO/FULL	Excess /Return BBI	N/A	Calc. Disp Bbl 106
	Actual TOC	SURFACE	Calc. TOC:	SURFACE	Actual Disp. 105.50
Average	Bump Plug PSI:	1.150	Final Circ. PSI:	700	Disp:Bbl _____
SIP _____	5 Min. _____	10 Min. _____	15 Min. _____	Cement Slurry: BBI	251.0
				Total Volume BBI	371.50

CUSTOMER REPRESENTATIVE _____ *Bruce Taylor* _____
SIGNATURE



Trailer Number: 50298/02316

Driver Name _____

**Front Pot
LEAD**

Cement 50/50 Class H/POZ
202 sks

CEMENT ADDITIVES

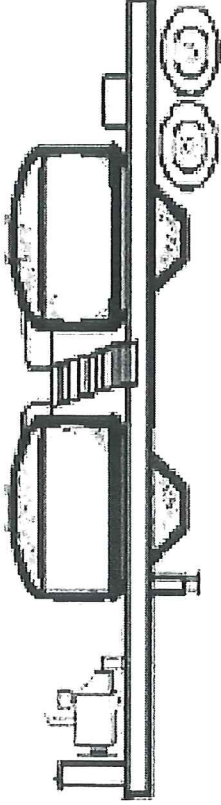
4% GEL	4% GEL
.4% C-15	.4% C-15
.4% C-41P	.4% C-41P
2PPS KOL-Seal	2PPS KOL-Seal

**Rear Pot
LEAD**

Cement 50/50 Class H/POZ
203 sks

COMPANY: Sandridge DATE: 7/10/2013

LEASE: Rizzo 3204 1-25H SWD TICKET: SOK2869



Trailer Number: 87830/24223

Driver Name _____

Front Pot
TAIL

Cement CLASS H
245 sks

Rear Pot
SPACER

Cement Barite Spacer
24 sks

CEMENT ADDITIVES

	C-63
	Barite
.4% FL-17	
.1% C-20	
.5% C-41P	

COMPANY: Sandridge DATE: 7/10/2013

LEASE: RIZZO 3204 1-25 SWD TICKET: SOK 2869



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

TICKET

TICKET NUMBER: WY-41-1
 TICKET DATE: 06/04/2013

SANDRIDGE ENERGY
 123 ROBERT S KERR AVE
 OKLAHOMA CITY, OK 73102-6406

YARD: WY WAYNOKA OK
 LEASE: Rizzo
 WELL#: 3204 1-25 SWD
 RIG #: Pistol 7
 Co/St: SUMNER, KS

DESCRIPTION	QUANTITY	RATE	AMOUNT
6/4/2013 DRILLED 30" CONDUCTOR HOLE			
6/4/2013 20" CONDUCTOR PIPE (.250 WALL)			
6/4/2013 DRILL & INSTALL 6' X 6' CELLAR TINHORN			
6/4/2013 6' X 6' CELLAR TINHORN WITH PROTECTIVE RING			
6/4/2013 DRILLED 20" RATHOLE (PER FOOT)			
6/4/2013 16" CONDUCTOR PIPE (.250 WALL)			
6/4/2013 DRILLED 20" MOUSE HOLE (PER FOOT)			
6/4/2013 MOBILIZATION OF EQUIPMENT & ROAD PERMITTING FEE			
6/4/2013 WELDING SERVICES FOR PIPE & LIDS			
6/4/2013 PROVIDED EQUIPMENT & LABOR TO ASSIST IN PUMPING CONCRETE			
6/4/2013 PROVIDED METAL LIDS (1 FOR CONDUCTOR & 2 FOR MOUSEHOLE PIPE)			
6/4/2013 10 SACK GROUT			
6/4/2013 TAXABLE ITEMS			4,020.00
6/4/2013 BID + TAXABLE ITEMS			10,130.00
		Sub Total:	14,150.00
		Tax SUMNER COUNTY (6.8 %):	273.36
		TICKET TOTAL:	<u>\$ 14,423.36</u>

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

Approved Signature _____

AFE Number: DC 12967
 Well Name: Rizzo 3204 1-25 SWD
 Code: 850.010
 Amount: \$ 14,423.36
 Co. Man: Stanley | John | Emil
 Co. Man Sig.: [Signature]
 Notes: _____

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/>

Shari Feist Albrecht, Chair
Thomas E. Wright, Commissioner
Mark Sievers, Commissioner

Sam Brownback, Governor

January 16, 2014

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

Re: ACO-1
API 15-191-22682-00-00
Rizzo SWD 3204 1-25
NW/4 Sec.25-32S-04W
Sumner County, Kansas

Dear Wanda Ledbetter:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 6/4/2013 and the ACO-1 was received on January 13, 2014 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department