



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1182658
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: _____

1182658

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> <i>(Submit ACO-4)</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	Jellison A 3319 6-5
Doc ID	1182658

Tops

Name	Top	Datum
Anhydrite		
Heebner		
Lansing		
Marmaton		
Oswego		
Pawnee		
cherokee		
Morrow/Miss		
Mississippi Merames		
Mississippi B Osage		

TREATMENT REPORT
FRAC AND ACID

Customer	SandRidge
Customer Acct #	
Well No.	Jellison A 3319 6-5
Mailing Address	
City and State	
Zip Code	
Dispatch Location	BARTLESVILLE

County	Comanche County, Kansas	Stage	1 of 1
Section	0	Formation	Viola
TWP	0	TVD Perfs	5912-5920
RANGE	0	MD Perfs	

START	3:04:19 PM
END	8:02:37 PM

WELL DATA						TRUCK#	DRIVER	TRUCK#	DRIVER
TREATMENT TYPE:	TREATMENT THROUGH CASING			PLUG DEPTH (FT)		580	Dale Wilson		
TVD OF PERFS	5912' - 5920'	MD OF PERFS	5912' - 5920'	PACKER DEPTH (FT)		559-T114	Johnnie Goad		
CASING SIZE (OD)	CASING WEIGHT	TMD TO TOP PERF(FT)	ID (INCHES)	DISPL COEF (BBL/FT)	VOLUME (BBLs)	596-T113	Tom Jones		
5 1/2		5912	4.89	0.0232	137.3	634-T122	Kyle Abbot		
0	0	0	0	0.0000	0.0	396	Dusty Brant		
OVER FLUSH	0	DISPLACEMENT TO TOP PERF (BBLs)			137.3	560-T123	Tony Monday		
						554-T215	Mike Holland		
						588-T168	Ryan Jones		

PERF DATA		CHEMICALS	
TOTAL HOLES SHOT		SR-445	155
HOLE ID (IN)		BIOSTAT 650	36
PHASING		FRICITION REDUCER (SP-902)	145
SPF		15% HCL ACID	1500
		ACID INHIBITOR (AI-280)	2
		IRON CONTROL (SP-950)	3
EFFECTIVE HOLES		SCALE INHIBITOR (PS-102)	29

FET ANALYSIS (Optional)									
FLUID WEIGHT	8.34	MAX RATE	21.3	MAX PRESSURE	1348	ISDP	1057	FRAC GRAD	0.61
HYDROSTATIC HEIGHT	5912	RATE 1		PRESSURE 1		5 MIN SIP	974	FLUID EFF (%)	
FLUID SG	1.01	RATE 2		PRESSURE 2		10 MIN SIP	936	CALC PERM	
HYDROSTATIC PRESS	2563.92	RATE 3		PRESSURE 3		15 MN SIP	905		

PRESSURE DATA							
MAX PRESSURE	INITIAL PRESSURE	BREAKDOWN PRESSURE		ISIP	5 MIN	10 MIN	15 MIN
4250	64	Already Broke Down		1057	974	936	905

SUMMARY			
TOTAL FLUID PUMPED	3932 BBLs	MAX TREATING PRESSURE	1348 PSI
PROPPANT PUMPED	20254.5 LBS	MIN TREATING PRESSURE	64 PSI
MAX RATE	21.3 BBL/MIN	AVE TREATING PRESSURE	1,062
MIN RATE	5 BBL/MIN		
AVERAGE RATE	20.20963886		
		FLUID WEIGHT	8.34
		HYDROSTATIC HEIGHT	5912
		HYDROSTATIC PRESS	2,563.92
		FRAC GRADIENT	0.61
		PROP TYPE	
		40/70 WHITE SAND	20254.5 LBS
		ACID	1512 GAL
		TOTAL FLUID	3932 BBLs

STAGE	CLEAN BBLs	DESIGN	FLUID TYPE	PRESSURE	RATE	PROP AMOUNT	DESIGN	CONC	TYPE
1	5	10	Slickwater	64-72	0-10.0	0.00		0.00	
2	36	36	15% HCL Acid	66-915	5-18.6	0.00		0.00	
3	164	167	Slickwater	771-906	15.4-21.3	0.00		0.00	
4	48	48	Slickwater	867-908	20.2	504.00	500 LBS	0.25	40/70 WHITE SAND
5	143	143	Slickwater	907-932	20.1	0.00		0.00	
6	49	48	Slickwater	922-900	20.2	1029.00	1000 LBS	0.50	40/70 WHITE SAND
7	142	143	Slickwater	886-924	20.3	0.00		0.00	
8	49	48	Slickwater	933-906	20.3	1543.50	1500 LBS	0.75	40/70 WHITE SAND
9	142	143	Slickwater	897-937	20.3	0.00		0.00	
10	48	48	Slickwater	952-924	20.2	2016.00	2000 LBS	1.00	40/70 WHITE SAND
11	190	188	Slickwater	913-998	20.3	0.00		0.00	
12	0	0	Shut Down	701-519	0	0.00		0.00	
13	171	167	Slickwater	519-963	20.5	0.00		0.00	
14	48	48	Slickwater	908-921	20.7	504.00	500 LBS	0.25	40/70 WHITE SAND
15	143	143	Slickwater	918-952	20.8	0.00		0.00	
16	49	48	Slickwater	954-946	20.8	1029.00	1000 LBS	0.50	40/70 WHITE SAND
17	142	143	Slickwater	938-994	20.8	0.00		0.00	
18	48	48	Slickwater	994-1020	20.7	1512.00	1500 LBS	0.75	40/70 WHITE SAND
19	143	143	Slickwater	1017-1101	20.7	0.00		0.00	
20	48	48	Slickwater	1113-1082	20.7	2016.00	2000 LBS	1.00	40/70 WHITE SAND
21	188	188	Slickwater	1068-1119	20.7	0.00		0.00	
22	0	0	Shut Down	897-722	0	0.00		0.00	
23	168	167	Slickwater	722-1048	20.5	0.00		0.00	
24	48	48	Slickwater	1046-1089	20.4	504.00	500 LBS	0.25	40/70 WHITE SAND
25	141	143	Slickwater	1089-1205	20.4	0.00		0.00	
26	48	48	Slickwater	1205-1228	20.4	1008.00	1000 LBS	0.50	40/70 WHITE SAND
27	142	143	Slickwater	1211-1238	20.4	0.00		0.00	

28	48	48	Slickwater	1238-1258	20.4	1512.00	1500 LBS	0.75	40/70 WHITE SAND
29	142	143	Slickwater	1216-1256	20.4	0.00		0.00	
30	49	48	Slickwater	1254-1268	20.5	2058.00	2000 LBS	1.00	40/70 WHITE SAND
31	187	188	Slickwater	1229-1285	20.4	0.00		0.00	
32	0	0	Shut Down	992-788	0	0.00		0.00	
33	166	167	Slickwater	788-1202	20.2	0.00		0.00	
34	43	48	Slickwater	1202-1231	20.2	451.50	500 LBS	0.25	40/70 WHITE SAND
35	141	143	Slickwater	1231-1277	20.2	0.00		0.00	
36	47	48	Slickwater	1277-1288	20.2	987.00	1000 LBS	0.50	40/70 WHITE SAND
37	141	143	Slickwater	1280-1312	20.1	0.00		0.00	
38	47	48	Slickwater	1312-1304	20.1	1480.50	1500 LBS	0.75	40/70 WHITE SAND
39	141	143	Slickwater	1296-1320	20.2	0.00		0.00	
40	50	48	Slickwater	1337-1315	20.1	2100.00	2000 LBS	1.00	40/70 WHITE SAND
41	187	188	Slickwater	1348-1314	20.2	0.00		0.00	
42						0.00		0.00	
43						0.00		0.00	
44						0.00		0.00	

Remarks

Pressure Tested to 4988 psi Took 22 bbls to load the hole

1st shut down. ISIP = 701 psi, 5 min = 605 psi, 10 min = 573 psi, 15 min = 554 psi, 30 min = 519 psi

2nd shut down. ISIP = 897 psi, 5 min = 825 psi, 10 min = 796 psi, 15 min = 772 psi, 30 min = 722 psi

3rd shut down. ISIP = 992 psi, 5 min = 918 psi, 10 min = 879 psi, 15 min = 856 psi, 30 min = 788 psi



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

TICKET

TICKET NUMBER: WY-117-1
 TICKET DATE: 09/21/2013

ELECTRONIC

SANDRIDGE ENERGY
 ***** DO NOT MAIL!!! *****
 123 ROBERT S KERR AVE
 OKLAHOMA CITY, OK 73102-6406

YARD: WY WAYNOKA OK
 LEASE: Jellison 3319
 WELL#: 6-5
 RIG #: Horizon 5
 Co/St: COMANCHE, KS

DESCRIPTION	QUANTITY	RATE	AMOUNT
9/20-21/2013 DRILLED 30" CONDUCTOR HOLE			
9/20-21/2013 20" CONDUCTOR PIPE (.250 WALL)			
9/20-21/2013 6' X 6' CELLAR TINHORN WITH PROTECTIVE RING			
9/20-21/2013 DRILL & INSTALL 6' X 6' CELLAR TINHORN			
9/20-21/2013 DRILLED 20" MOUSE HOLE (PER FOOT)			
9/20-21/2013 16" CONDUCTOR PIPE (.250 WALL)			
9/20-21/2013 MOBILIZATION OF EQUIPMENT & ROAD PERMITTING FEE			
9/20-21/2013 WELDING SERVICES FOR PIPE & LIDS			
9/20-21/2013 PROVIDED EQUIPMENT & LABOR TO ASSIST IN PUMPING CONCRETE			
9/20-21/2013 PROVIDED METAL LIDS (1 FOR CONDUCTOR & 2 FOR MOUSEHOLE PIPE)			
9/20-21/2013 12 YDS OF 10 SACK GROUT			
9/20-21/2013 TAXABLE ITEMS			5,420.00
9/20-21/2013 BID - TAXABLE ITEMS			14,080.00
		Sub Total:	19,500.00
		Tax COMANCHE COUNTY (6.3 %):	341.46
		TICKET TOTAL:	<u>\$ 19,841.46</u>

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

Approved Signature _____

ALLIED OIL & GAS SERVICES, LLC 059828

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
MEDICINE LODGE KS

DATE <u>9-24-13</u>	SEC. <u>5</u>	TWP. <u>33S</u>	RANGE <u>19 W</u>	CALLED OUT <u>9:00 PM</u>	ON LOCATION <u>10:30 PM</u>	JOB START <u>12:50 PM</u>	JOB FINISH <u>11:30 PM</u>
LEASE <u>JELLISSON</u>	WELL # <u>6-5</u>	LOCATION <u>COLDWATERBKS S.S SW</u>		COUNTY <u>COMANCHE</u>	STATE <u>KS</u>		
OLD OR <u>NEW</u> (Circle one)		NORTH 1/2 EAST INTO					

CONTRACTOR HORIZON ENERGY OWNER SAND RIDGE ENERGY

TYPE OF JOB SURFACE

HOLE SIZE 12 1/4 T.D. 682 CEMENT AMOUNT ORDERED 250 SK 65-35 + 670 GBL

CASING SIZE 8 5/8 24" DEPTH 670 TUBING SIZE DEPTH + 2% CC + 1/4" FLOSEAL

DRILL PIPE DEPTH 160 SK LLS A + 2% CC + 1/4" FLOSEAL

TOOL DEPTH COMMON 160 SK @ 17.90 2864.00

PRES. MAX MINIMUM ALW 250 SK @ 16.50 4125.00

MEAS. LINE SHOE JOINT 44.33 GEL @

CEMENT LEFT IN CSG. 44 CHLORIDE 11 @ 64.00 704.00

PERFS. FLOSEAL 110 @ 2.97 326.70

DISPLACEMENT 40 bbls Freshwater AFE Number: DC 2262

EQUIPMENT Well Name: Jellison A 3319 6-5

PUMP TRUCK CEMENTER DANN FRANK Code: 830.36

558-555 HELPER SCOTT PRIDD Amount: 817.30 8.00

BULK TRUCK Co. Man: Edwin Miller

381-252 DRIVER JAMES BOWEN Co. Man Sig: Edwin Miller

BULK TRUCK Notes: Surfactant Cement

DRIVER HANDLING 479.50 @ 2.48 1189.16

MILEAGE 826.73 / 2.60 2149.50

REMARKS: TOTAL 11,358.36

SEB CEMENT LOG

Run 670' 8 5/8"

Break circ w/ rig

on cement pump @ test lines to

2000 psi Run 10 Fresh 250 SK lead

+ 160 SK test Release plug Disg

w/ 40 Bbls Flood held

CHARGE TO: SAND RIDGE ENERGY

STREET _____

CITY _____ STATE _____ ZIP _____

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.

PRINTED NAME X

SIGNATURE X

Thank you!!!

SERVICE

DEPTH OF JOB 670 FT

PUMP TRUCK CHARGE 2058.50

EXTRA FOOTAGE @

MILEAGE 40 @ 7.70 308.00

MANIFOLD Hose renter @ 275.00

12 40 @ 4.40 176.00

Additional hours 5 @ 440.00 N/C

Additional hours 10 440.00 4400.00

TOTAL 7217.50

PLUG & FLOAT EQUIPMENT

8 5/8

1-Rubber Plugs @ 131.04

@

@

@

TOTAL 131.04

SALES TAX (If Any) _____

TOTAL CHARGES 18,706.90

DISCOUNT _____ IF PAID IN 30 DAYS

Net - 13,094.83

ALLIED OIL & GAS SERVICES, LLC 059982

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Medicine Lodge, KS

DATE <u>10-6-2013</u>	SEC. <u>5</u>	TWP. <u>33S</u>	RANGE <u>19W</u>	CALLED OUT <u>3:30 AM</u>	ON LOCATION <u>6:00 PM</u>	JOB START AM <u>10:30</u>	JOB FINISH <u>12:00 PM</u>
LEASE <u>Jellison</u>	WELL # <u>6-5</u>	LOCATION <u>Coldwater, ks, South to Jct</u>			COUNTY <u>comanche</u>	STATE <u>KS</u>	
OLD OR (NEW) (Circle one)		<u>5 well, new into</u>					

CONTRACTOR Horizon #15 OWNER Squire Energy

TYPE OF JOB Proppant
 HOLE SIZE 7 1/4 T.D. 6100' CEMENT AMOUNT ORDERED 335sx 50:50 Class B
 CASING SIZE 5 1/2 17# DEPTH 6065' Blend + 2% Gel + .4% FL160 + .1% SA51
 TUBING SIZE DEPTH 6'12 gals BSF
 DRILL PIPE DEPTH
 TOOL DEPTH

PRES. MAX 1100 MINIMUM
 MEAS. LINE SHOE JOINT 4.5'
 CEMENT LEFT IN CSG.
 PERFS.
 DISPLACEMENT 14 1/2 bbls of Freshwater

EQUIPMENT	COMMON	@	
PUMP TRUCK CEMENTER <u>Darin F / Scott P.</u>	POZMIX	@	
# <u>558-555</u>	GEL	@	
BULK TRUCK HELPER <u>Scott P. / Darin F.</u>	CHLORIDE	@	
# <u>561-553</u>	ASC	@	
BULK TRUCK DRIVER <u>James P.</u>	ASF 30 bbls	@	58.70 1761.00
#	50:50 Poz Blend - 335 sx	@	14.40 4824.00
	FL-160 113	@	18.90 2135.70
	SA-51 29	@	17.55 508.95
	HANDLING <u>348.15</u>	@	2.48 863.40
	MILEAGE <u>576.87 / 40 / 2.60</u>	@	1499.86
	TOTAL		<u>11,592.91</u>

REMARKS:

Pipe on bottom & break circulation, Pressure test
 Pump flush, mix cement, wash pump & lines
 Stop displacement, 6' of Pressure SA 110 bbls,
 bump rate 14 1/2 bbls, float loss half DC 3262

SERVICE

DEPTH OF JOB <u>6065'</u>	PUMP TRUCK CHARGE	<u>3651.25</u>
	EXTRA FOOTAGE	@
	MILEAGE <u>40</u>	@ 7.70 308.00
	MANIFOLD Hoses rents	@ 275.00
	<u>LV 40</u>	@ 4.40 176.00
	TOTAL	<u>4410.25</u>

CHARGE TO: Squire Energy
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

<u>5 1/2</u>		
1- Rubber plug	@	85.41
	@	
	@	
	@	
	@	
	TOTAL	<u>85.41</u>

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.

PRINTED NAME X

SIGNATURE X

SALES TAX (If Any) _____
 TOTAL CHARGES 16,088.57
 DISCOUNT _____ IF PAID IN 30 DAYS

\$11,262.00