



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1185443
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: _____

1185443

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	Esplund 3023 1-19
Doc ID	1185443

All Electric Logs Run

Resistivity
Mud
Porosity
Prizm

Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Esplund 3023 1-19
Doc ID	1185443

Tops

Name	Top	Datum
Anhydrite	2764	-255
Heebner	4421	-1912
Lansing	4572	-2063
Marmaton	5069	-2560
Big Lime	5114	-2605
Oswego	5129	-2620
Pawnee	5163	-2654
Fort Scott	5193	-2684
Cherokee	5211	-2702
Mississippi	5349	-2840



INVOICE

DATE	INVOICE #
11/26/2013	4466

BILL TO
SANDRIDGE ENERGY, INC. ATTN: PURCHASING MANAGER 123 ROBERT S. KERR AVENUE OKLAHOMA CITY, OK 73102

REMIT TO
EDGE SERVICES, INC. PO BOX 609 WOODWARD, OK 73802

COUNTY	STARTING D.	WORK ORDER	RIG NUMBER	LEASE NAME	Terms
CLARK, KS	11/26/2013	3389	TOMCAT 2	LSPLUND 3020 4-19	Due on rec...

Description

DRILLED 60' OF 30" CONDUCTOR HOLE
 DRILLED 6' OF 76" HOLE
 FURNISHED AND SET 6" X 6" TINBORN CLEAR
 FURNISHED 60' OF 20" CONDUCTOR PIPE
 FURNISHED 1 LOAD(S) MUD
 FURNISHED WELDER AND MATERIALS
 FURNISHED 6 YARDS OF GRADE A CEMENT
 DRILL RAT AND MOUSE HOLES

TOTAL BID \$13,593.97

WFE Number: DC 13428
 Well Name: LSPLUND 3023 1-19
 Code: 830 090
 Amount: 13,593.97
 Co. Man: Sally Fortune
 Co. Man Sig: [Signature]
 Notes: _____

Sales Tax (6.15%)	593.97
-------------------	--------

TOTAL	\$13,593.97
--------------	--------------------

JOB SUMMARY			PROJECT NUMBER SOK 3252	TICKET DATE 12/14/13
COUNTY Clarke	State Kansas	COMPANY Dridge Exploration & Produc	CUSTOMER REP Bill Tomlinson	
LEASE NAME Esplund 3023	Well No. 1-19	JOB TYPE Surface	EMPLOYEE NAME ROBERT BURRIS	

EMP NAME	0				
Robert Burris					
Mike Hall					
Cheryl Newton					
Roy Morris					

Form. Name _____ Type: _____

Packer Type _____ Set At **0**

Bottom Hole Temp. **95** Pressure _____

Retainer Depth _____ Total Depth **1265**

	Called Out	On Location	Job Started	Job Completed
Date	12/13/2013	12/13/2013	12/14/2013	12/14/2013
Time	17:00	21:30	08:12	10:30

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		36#	9 5/8"		Surface	1,260
Liner						
Liner						
Tubing			0			
Drill Pipe						
Open Hole			12 1/4"		Surface	1,265
Perforations						Shots/Ft.
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	
12/13	13.0	12/14	1.4	Surface
Total	13.0	Total	1.4	

Perfpac Balls _____ Qty. _____

Other _____

Other _____

Other _____

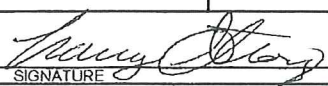
Other _____

Pressures	
MAX	1,500 PSI
AVG	375 SPI
Average Rates in BPM	
MAX	6 BPM
AVG	4 BPM
Cement Left in Pipe	
Feet	46 FT
Reason	SHOE JOINT

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	290	FEX Lite Premium Plus 65	(6% Gel) 2% Calcium Chloride - 1/2pps Cello-Flake - .5% C-41P	11.11	2.01	12.40
2	245	Premium Plus (Class C)	2% Calcium Chloride - 1/2pps Cello-Flake	6.32	1.32	14.80
3	0	0		0.00	0.00	0.00

Summary					
Preflush Breakdown	Type: _____	MAXIMUM _____	1,500 PSI	Preflush: BBI _____	10.00
	Lost Returns-N _____	NO/FULL _____		Load & Bkdn: Gal - BBI _____	N/A
	Actual TOC _____	SURFACE _____		Excess /Return BBI _____	40
Average ISIP _____	Bump Plug PSI: _____	1,100	15 Min _____	Calc. TOC: _____	SURFACE
	10 Min _____			Final Circ. PSI: _____	575
				Cement Slurry: BBI _____	162.0
				Total Volume BBI _____	266.00

CUSTOMER REPRESENTATIVE _____


 SIGNATURE