



Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION 1189792
OIL & GAS CONSERVATION DIVISION

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

OPERATOR: License #: _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone: (_____) _____
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: _____ Gas Storage Permit #: _____
Is ACO-1 filed? Yes No If not, is well log attached? Yes No
Producing Formation(s): List All (If needed attach another sheet)
_____ Depth to Top: _____ Bottom: _____ T.D. _____
_____ Depth to Top: _____ Bottom: _____ T.D. _____
_____ Depth to Top: _____ Bottom: _____ T.D. _____

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
County: _____
Lease Name: _____ Well #: _____
Date Well Completed: _____
The plugging proposal was approved on: _____ (Date)
by: _____ (KCC District Agent's Name)
Plugging Commenced: _____
Plugging Completed: _____

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #: _____ Name: _____
Address 1: _____ Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Phone: (_____) _____
Name of Party Responsible for Plugging Fees: _____
State of _____ County, _____, ss.

(Print Name) Employee of Operator or Operator on above-described well,

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

Submitted Electronically

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202



INVOICE

DATE	INVOICE #
11/26/2013	4466

BILL TO
SANDRIDGE ENERGY, INC. ATTN: PURCHASING MANAGER 123 ROBERTS, 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	ESPLUND 3023 1-19	Due on rec.

Description	
DRILLED 60' OF 30" CONDUCTOR HOLE DRILLED 6' OF 76" HOLE FURNISHED AND SET 6" X 6" TINIORN CELLAR 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 \$ 13,500.00 FE Number: <u>DC 13428</u> Well Name: <u>Esplund 3023 1-19</u> Code: <u>830 090</u> Amount: <u>13,593.97</u> Co. Man: <u>Satos Fortune</u> Co. Man Sig.: <u>[Signature]</u> Notes: _____	
Sales Tax (6.15%)	593.97

TOTAL	13,593.97
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JOB SUMMARY

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

EMP NAME	Robert Burris	0	
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

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						
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 _____

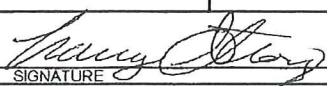
Other _____

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	EX 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	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		Calc. TOC: _____	SURFACE
5 Min _____	10 Min _____	15 Min _____		Final Circ. PSI: _____	575
				Cement Slurry: BBI _____	162.0
				Total Volume BBI _____	266.00

CUSTOMER REPRESENTATIVE _____


 SIGNATURE

JOB SUMMARY			PROJECT NUMBER SOK 3278	TICKET DATE 12/21/13
COUNTY Clarke	State Kansas	COMPANY Bridge Exploration & Produc	CUSTOMER REP Bill Tomlinson	
LEASE NAME Esplund 3023	Well No. 1-19	JOB TYPE Plug to Abandon	EMPLOYEE NAME John Hall	

EMP NAME	John Hall	0					
Joseph Klemm							
Roy Morris							
Daived Thomas							

Form. Name _____ Type: _____
 Packer Type _____ Set At **1,600'**
 Bottom Hole Temp. **95** Pressure _____
 Retainer Depth _____ Total Depth **0**

Date	Called Out 12/21/2013	On Location 12/21/2013	Job Started 12/21/2013	Job Completed 12/21/2013
Time	600am	930am	1000am	530pm

Tools and Accessories		
Type and Size	Qty	Make
Auto Fill Tube	0	IR
Insert Float Va	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 1/2"		Surface	0	1,500
Liner							
Liner							
Tubing			4 1/2"				
Drill Pipe							
Open Hole			4" & 9 5/8" C		Surface	0	Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials			
Mud Type	WBM	Density	9 Lb/Gal
Disp. Fluid	Fresh Water	Density	8.33 Lb/Gal
Spacer type	BBL.		
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	
Fnc. Red.	Gal/Lb	In	
MISC.	Gal/Lb	In	

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
12/21	8.0	12/21	7.5	Plug to Abandon
Total	8.0	Total	7.5	

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

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

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	260	TEX Lite Premium Plus 60	4% Gel			
				6.32	1.35	14.10
2	0	0		0	0.00	0.00
3	0	0		0	0.00	0.00

Summary			
Preflush Breakdown	Type: _____	Preflush: BBI _____	Type: Fresh Water
	MAXIMUM 1,500 PSI	Load & Bkdn: Gal - BBI N/A	Pad: Bbl - Gal N/A
	Lost Returns -> NO/FULL	Excess /Return BBI _____	Calc. Disp Bbl _____
	Actual TOC SURFACE	Calc. TOC: _____	Actual Disp. _____
Average	Bump Plug PSI: _____	Final Circ. PSI: _____	Disp: Bbl _____
15.7	5 Min. _____	Cement Slurry BBI _____	
	10 Min. _____	15 Min. _____	
		Total Volume BBI	62.50

CUSTOMER REPRESENTATIVE *Bill Tomlinson* SIGNATURE