



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1190500
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: _____

1190500

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> <input type="checkbox"/> Other <i>(Specify)</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	Kitty SWD 3319 1-6
Doc ID	1190500

Tops

Name	Top	Datum
Anhydrite	2350	
Heebner	4169	
Lansing	4347	
Marmaton	4860	
Oswego	4900	
Fort Scott	4977	
Cherokee	4992	
Mississippi	5081	
Osage	5483	
Kinderhook	5877	
Viola	5936	
Simpson	6206	
oil Creek	6263	
Arbuckle	6272	



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

TICKET

TICKET NUMBER: WY-151-1
 TICKET DATE: 10/30/2013

ELECTRONIC

SANDRIDGE ENERGY
 ***** BILL IN ADP!! *****
 123 ROBERT S KERR AVE
 OKLAHOMA CITY, OK 73102-6406

YARD: WY WAYNOKA OK
 LEASE: Kitty SWD 3319
 WELL#: 1-6
 RIG #: Horizon 5
 Co/St: COMANCHE, KS

DESCRIPTION	QUANTITY	RATE	AMOUNT
10/28-30/2013 DRILLED 30" CONDUCTOR HOLE			
10/28-30/2013 20" CONDUCTOR PIPE (.250 WALL)			
10/28-30/2013 6' X 6' CELLAR TINHORN WITH PROTECTIVE RING			
10/28-30/2013 DRILL & INSTALL 6' X 6' CELLAR TINHORN			
10/28-30/2013 DRILLED 20" MOUSE HOLE (PER FOOT)			
10/28-30/2013 16" CONDUCTOR PIPE (.250 WALL)			
10/28-30/2013 MOBILIZATION OF EQUIPMENT & ROAD PERMITTING FEE			
10/28-30/2013 WELDING SERVICES FOR PIPE & LIDS			
10/28-30/2013 PROVIDED EQUIPMENT & LABOR TO ASSIST IN PUMPING CONCRETE			
10/28-30/2013 PROVIDED METAL LIDS (1 FOR CONDUCTOR & 2 FOR MOUSEHOLE PIPE)			
10/28-30/2013 10 YDS OF 10 SACK GROUT			
10/28-30/2013 TAXABLE ITEMS			4,400.00
10/28-30/2013 BID - TAXABLE ITEMS			14,850.00
		Sub Total:	19,250.00
		Tax COMANCHE COUNTY (6.15 %):	270.60
		TICKET TOTAL:	\$ 19,520.60

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

Approved Signature _____

ALLIED OIL & GAS SERVICES, LLC 059998

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Metric Wells

DATE <u>11-14-2013</u>	SEC. <u>6</u>	TWP. <u>33S</u>	RANGE <u>19W</u>	CALLED OUT <u>12:00 pm</u>	ON LOCATION <u>4:00 pm</u>	JOB START <u>7:30 pm</u>	JOB FINISH <u>9:00 pm</u>
LEASE <u>Kitty 3319</u>	WELL # <u>3319 SWD</u>	LOCATION <u>Caldwell, KS South to Jct</u>	COUNTY <u>COMANCHE</u>	STATE <u>KS</u>			
OLD OR (NEW) (Circle one)			<u>7 West, 1 North, 1 1/2 East to P's</u>				

CONTRACTOR <u>Hoffman #5</u>	OWNER <u>Sand Ridge Energy</u>
TYPE OF JOB <u>Production</u>	CEMENT
HOLE SIZE <u>7 1/8</u>	AMOUNT ORDERED <u>720.5x65.35.6%Gel</u>
CASING SIZE <u>5 1/2 17#</u>	<u>.4% FL160 + 3# Kalsesol, 140.5x C1955</u>
TUBING SIZE	<u>A + 2# Gel + .6% FL160 + .1% C-40 r5#</u>
DEPTH <u>6368'</u>	<u>Kalsol</u>
DRILL PIPE	COMMON <u>C1955 @ 140.5 @ 17.90 2,506.00</u>
TOOL	POZMIX @
PRES. MAX	GEL <u>65x @ 23.40 140.40</u>
MEAS. LINE	CHLORIDE @
CEMENT LEFT IN CSG.	ASC @
PERFS.	<u>Super Plus 30 bbls @ 58.70 1,761.00</u>
DISPLACEMENT <u>144 bbls of freshwater</u>	<u>D/W Type 1 720.5 @ 16.50 11,880.00</u>
EQUIPMENT	<u>FL160 328 lbs @ 18.90 6,199.20</u>
PUMP TRUCK CEMENTER <u>Darin F</u>	<u>Gilsonite 2,845 lbs @ 0.98 2,788.10</u>
# <u>548-545 HELPER JAKE H.</u>	<u>SA 45 14 lbs @ 3.47 48.58</u>
BULK TRUCK	
# <u>421 - DRIVER CRY B.</u>	
BULK TRUCK	
# <u>381.252 DRIVER CRY R.</u>	
	HANDLING <u>992.31 @ 2.48 2,460.93</u>
	MILEAGE <u>1660.46 ton/mi 2.60 4,317.20</u>
	TOTAL <u>82,101.41</u>

REMARKS:

Pipe on bottom & break circulation, pressure test, pump 30 bbls flush, min 720.5, less cement, 140.5x + 9.1 cement, shut down, release plug, start displacement pressure 100 bbls, slow run to 300m 9140 bbls, bump plug 144 1/2 bbls 1000-1500 PSI, flow & hold

SERVICE

DEPTH OF JOB <u>6368</u>	
PUMP TRUCK CHARGE	<u>3,099.25</u>
EXTRA FOOTAGE @	
MILEAGE <u>40</u>	<u>@ 7.70 308.00</u>
MANIFOLD Head rental @	<u>275.00</u>
LISA vehicle <u>40</u>	<u>@ 4.40 176.00</u>
	TOTAL <u>3,858.25</u>

PLUG & FLOAT EQUIPMENT

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

SALES TAX (If Any)	
TOTAL CHARGES	<u>36,045.07</u>
DISCOUNT <u>30%</u>	IF PAID IN 30 DAYS

AFE Number: DC 13275
 CHARGE Well Name: Kitty SWD 3319 1-6
 STREET Code: 840.380
 Amount: 25,231.55
 CITY Co. Man: Edwin M. Hoff
 Co. Man Sig.: Edwin Hoff
 Notes: Cement

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 y
Thank you!!!

\$ 25,231.55

ALLIED OIL & GAS SERVICES, LLC 059992

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge KS

DATE <u>11-3-2013</u>	SEC <u>6</u>	TWP <u>33S</u>	RANGE <u>19W</u>	CALLED OUT <u>3:00 AM</u>	ON LOCATION <u>5:45 AM</u>	JOB START <u>9:45 AM</u>	JOB FINISH <u>10:45 AM</u>
Kitty SWD LEASE <u>3319</u>		WELL # <u>1-6</u>	LOCATION <u>Celendero-kes, South to Jct.</u>		COUNTY <u>Comanche</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)		<u>7u, 1n, 1e to curve, elinto</u>					

CONTRACTOR Horizon #5
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 670'
 CASING SIZE 8 5/8 24ft DEPTH 656'
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 36'
 CEMENT LEFT IN CSG.
 PERFS.
 DISPLACEMENT 40 1/2 bbls of Freshwater

OWNER Squire
 CEMENT
 AMOUNT ORDERED 200 ss, 6.5: 35: 6% G-or
29 cc + 1/4 # Pluses 1, 150 ss, class k
29 cc + 1/4 # Pluses 2
 COMMON Class k 150 ss @ 17.90 2,685.00
 POZMIX @
 GEL @
 CHLORIDE 95# @ 64.00 576.00
 ASC @
Oil 200 ss @ 16.50 3,300.00
Pluses 1 88# @ 297 261.36
 @
 @
 @
 @
 @
 HANDLING 385.71 cost @ 2.48 956.56
 MILEAGE 665.23 ton-mile 2.60 1729.60
 TOTAL 9508.52

EQUIPMENT
 PUMP TRUCK CEMENTER Derin F. / Scott P
 # 558-555 HELPER Scott P
 BULK TRUCK
 # 421-290 DRIVER James
 BULK TRUCK
 # DRIVER

REMARKS:
Pipe on bottom & break circulation
Pump 18 bbls water, mix 200 ss less cement
mix 150 ss + 1/4 cement, shut down
Release plus, start displacement, slow
rate to 3 bpm 9+30 bbls, bump plus
9+40 1/2 bbls 300-1200 psi, plus 2 d
hole, cement d/c circulate

SERVICE
 DEPTH OF JOB 656'
 PUMP TRUCK CHARGE 2,058.50
 EXTRA FOOTAGE @
 MILEAGE 40 @ 7.70 308.00
 MANIFOLD Hesarensy @ 275.00
Light Vehicle 40 @ 4.40 176.00
 @
 TOTAL 2,817.50

CHARACTER # Number: DC13275
 Well Name: Kitty SWD 3319 1-6
 STREET Code: 830.60
 CITY Amount: STATE 19.94 ZIP
 Co. Man: Edwin Miller
 Co. Man Sig.: Edwin Miller
 Notes: SunRay Cement

PLUG & FLOAT EQUIPMENT
8 5/8
1-Rubber Plus @ 131.04
 @
 @
 @
 @
 TOTAL 131.04

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.

SALES TAX (If Any) #
 TOTAL CHARGES \$ 12,457.06
 DISCOUNT 30% IF PAID IN 30 DAYS

PRINTED NAME X

SIGNATURE X

\$ 8,719.94

Thank you!!!