



Confidentiality Requested:

Yes No

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: _____

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: 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: _____ _____ |
|--|---|---|

| | |
|-----------|--|
| Form | ACO1 - Well Completion |
| Operator | SandRidge Exploration and Production LLC |
| Well Name | Gabriel 3305 1-36H |
| Doc ID | 1193463 |

All Electric Logs Run

| |
|-----------|
| |
| Boresight |
| Prizm |
| Mud |
| Induction |
| Nuclear |

| | |
|-----------|--|
| Form | ACO1 - Well Completion |
| Operator | SandRidge Exploration and Production LLC |
| Well Name | Gabriel 3305 1-36H |
| Doc ID | 1193463 |

Perforations

| Shots Per Foot | Perforation Record | Material Record | Depth |
|----------------|--------------------|--|-------|
| 5 | 9052-9165 | 1500 gals 15% HCl, 5762 bbls sw, TLTR 5945 bbls | |
| 5 | 8753-8958 | 1500 gals 15% HCl, 5632 bbls sw, TLTR 11747 bbls | |
| 5 | 8416-8685 | 1500 gals 15% HCl, 5656 bbls sw, TLTR 17403 bbls | |
| 5 | 7998-8348 | 1500 gals 15% HCl, 6038 bbls sw, TLTR 23604 bbls | |
| 5 | 7624-7898 | 1500 gals 15% HCl, 5824 bbls sw, TLTR 29561 bbls | |
| 5 | 7188-7494 | 1500 gals 15% HCl, 5530 bbls sw, TLTR 35345 bbls | |
| 5 | 6822-7118 | 1500 gals 15% HCl, 5727 bbls sw, TLTR 41161 bbls | |
| 5 | 6430-6743 | 1500 gals 15% HCl, 5540 bbls sw, TLTR 46772 bbls | |
| 5 | 6158-6368 | 1500 gals 15% HCl, 5363 bbls sw, TLTR 52196 bbls | |
| 5 | 5710-6060 | 1500 gals 15% HCl, 5590 bbls sw, TLTR 57838 bbls | |

| | |
|-----------|--|
| Form | ACO1 - Well Completion |
| Operator | SandRidge Exploration and Production LLC |
| Well Name | Gabriel 3305 1-36H |
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Perforations

| Shots Per Foot | Perforation Record | Material Record | Depth |
|----------------|--------------------|--|-------|
| 5 | 5334-5604 | 1500 gals 15% HCl, 6485 bbls sw, TLTR 64361 bbls | |
| 5 | 4963-5100 | 2016 gals 15% HCl, 4085 bbls sw, TLTR 68446 bbls | |

Section 25
33S 5W

Section 30
33S 4W

BHL: 9289'
-97.805168 37.138714

370' FNL

845' FEL

Bottom Perf: 9052'
-97.805134 37.138122

Harper County
Section 36
33S 5W

Sumner County
Section 31
33S 4W

Top Perf: 4963'
-97.804598 37.127058

GABRIEL 3305 1-36H

Miss Entry: 4384'
-97.804843 37.125591

Section 1
34S 5W

Section 6
34S 4W



Actual Bottom-Hole Location of Gabriel 3305 1-36H
Harper County, Kansas
T&R: 33S 5W
Section: 36, 845' FEL & 370' FNL
-97.805168 37.138714

1 in = 667 ft

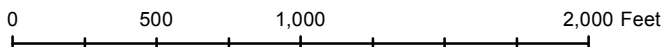


● Actual BH Location

* SandRidge Wells

--- Perf

□ Sections



Draftsman:

Naomi Martinez

Draft Date: 3/7/2014

Drawing Name/Number:

Addendum_Gabriel 3306 1-36Hc.mxd

Coordinate System:

NAD 1927 State Plane
Kansas South FIPS: 1502

Summary of Changes

Lease Name and Number: Gabriel 3305 1-36H

API/Permit #: 15-077-21979-01-00

Doc ID: 1193463

Correction Number: 1

Approved By: NAOMI JAMES

| Field Name | Previous Value | New Value |
|---------------|---|---|
| Approved Date | 03/06/2014 | 03/11/2014 |
| Save Link | ../kcc/detail/operatorEditDetail.cfm?docID=1192356 | ../kcc/detail/operatorEditDetail.cfm?docID=1193463 |

Summary of Attachments

Lease Name and Number: Gabriel 3305 1-36H

API: 15-077-21979-01-00

Doc ID: 1193463

Correction Number: 1

Attachment Name

As Drilled Plat



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1192356
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed

Form must be Signed

All blanks must be Filled

CONFIDENTIAL 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:

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- Plug Back Conv. to GSW Conv. to Producer
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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

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(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

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County: _____

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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

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feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

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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: _____