



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1194063
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: _____

1194063

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	Saratoga SWD 3405 1-10
Doc ID	1194063

All Electric Logs Run

Porosity
Micro
Resistivity
Neutron

Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Saratoga SWD 3405 1-10
Doc ID	1194063

Tops

Name	Top	Datum
Base Heebner	3098	
Lansing	3452	
Cottage Grove	3761	
Oswego	4139	
Cherokee	4249	
Mississippi	4500	
Kinderhook	4884	
Woodford	4960	
Simpson Shale	5058	
Oil Creek	5124	
Arbuckle	5177	

TOPOGRAPHIC LAND SURVEYORS

6709 NORTH CLASSEN BLVD., OKLA. CITY, OKLA. 73116 * LOCAL (405) 843-4847 * OUT OF STATE (800) 654-3219
 Certificate of Authorization No. LS-99, Exp. Dec. 31, 2013

HARPER

County, Kansas

350'FNL-1890'FEL Section 10 Township 34S Range 5W P.M.

IRON ROD
X= 2187816
Y= 162177

IRON PIPE
X= 2193055
Y= 162215

IRON ROD
X= 2190435
Y= 162196

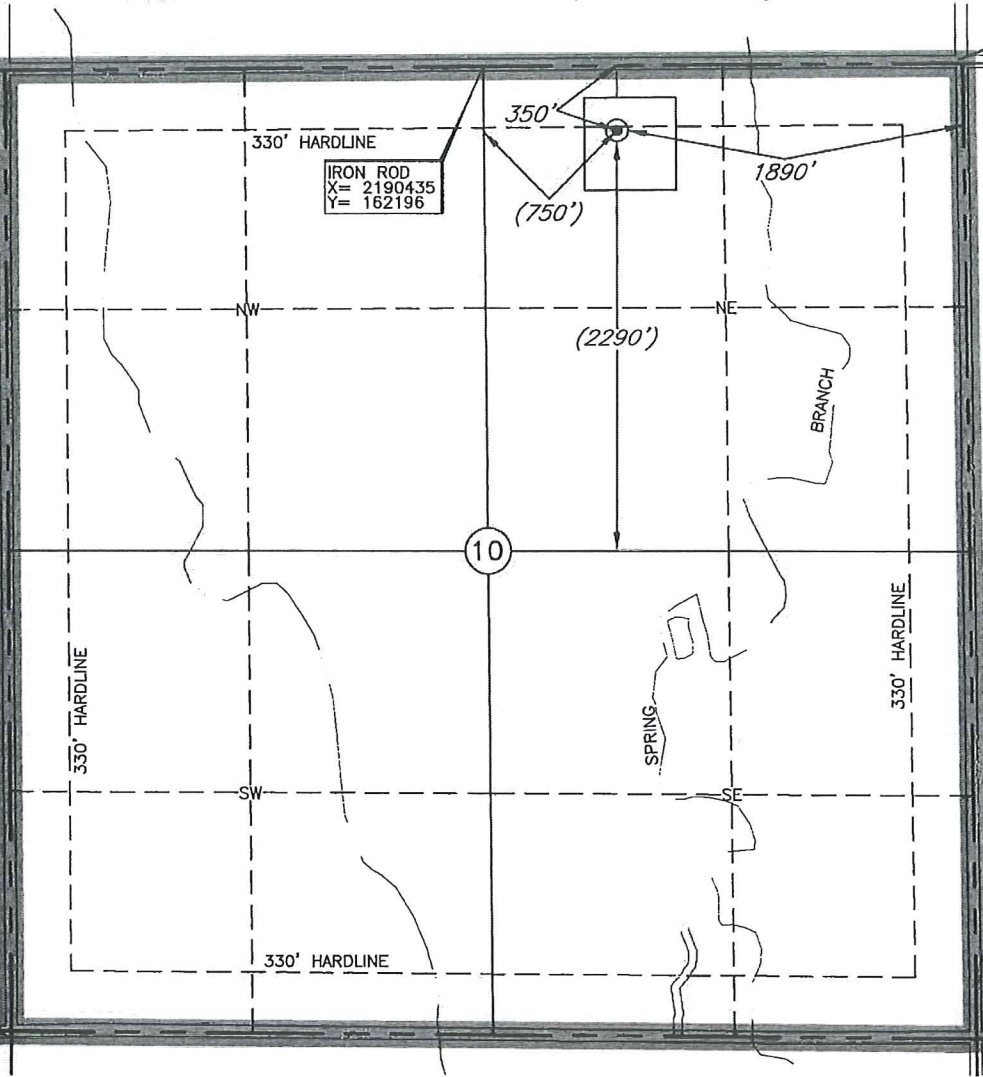
IRON ROD
X= 2193133
Y= 156937



GRID
NAD-27
Kansas South
US Feet

Note:
3.280833 Ft.=1 Meter
Scale:
1"= 1000'
0' 500' 1000'

IRON ROD
X= 2187853
Y= 156973



Corner Coordinates are Taken from Points Surveyed in the Field.

Distances shown in (parenthesis) are calculated based upon the Quarter Section being 2640 feet, those shown in [brackets] are based on GLO (General Land Office) distances and have NOT been measured on the ground.

A boundary survey of the said section(s) shown hereon was not performed per the request of the operator shown hereon.

Operator: SANDRIDGE EXPLORATION & PRODUCTION, LLC

Lease Name: SARATOGA SWD 3405

Well No.: 1-10

ELEVATION:

1245' Gr. at Stake

Topography & Vegetation Location fell in level, plowed field.

Good Drill Site? Yes

Reference Stakes or Alternate Location Stakes Set None

Best Accessibility to Location From North off county road

Distance & Direction from Hwy Jct or Town From Bluff City, KS, go ±2.0 mi. North, then ±2.0 mi. East to the NE Corner of Section 10-T34S-R5W.

Date of Drawing: Oct. 3, 2013

Invoice #208991D Date Staked: Oct. 2, 2013

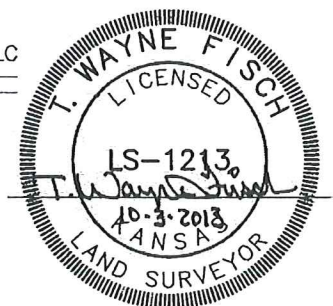
LC

This information was gathered with a GPS receiver with ±1 foot Horiz./Vert. accuracy.

DATUM: NAD-27
 LAT: 37°06'33.6"N
 LONG: 97°50'40.1"W
 LAT: 37.109320153°N
 LONG: 97.844473261°W
 STATE PLANE COORDINATES: (US Feet)
 ZONE: KS SOUTH
 X: 2191170
 Y: 161851

CERTIFICATE:

I, T. Wayne Fisch a Kansas Licensed Land Surveyor and an authorized agent of Topographic Land Surveyors, do hereby certify that the above described well location was surveyed and staked on the ground as shown herein.





INVOICE

DATE	INVOICE #
1/31/2014	4536

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
HARPER, KS	1/30/2014	3464	TOMCAT 2	SARATOGA SWD 3405 1-10	Due on rec...

Description

DRILLED 60' OF 30" CONDUCTOR HOLE
 DRILLED 6' OF 76" HOLE
 FURNISHED AND SET 6' X 6' TINHORN CELLAR
 FURNISHED 60' OF 20" CONDUCTOR PIPE
 FURNISHED WELDER AND MATERIALS
 FURNISHED 5 YARDS OF GRADE A CEMENT
 DRILL RAT AND MOUSE HOLES

TOTAL BID \$10,316.38

Sales Tax (6.15%)	\$76.38
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TOTAL	\$10,316.38
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JOB SUMMARY			PROJECT NUMBER SOK 3411	TICKET DATE 02/14/14
COUNTY Harper	State Kansas	COMPANY Bridge Exploration & Produc	CUSTOMER REP Shane Morrison	
LEASE NAME Saratoga SWD 3405	Well No. 1-10	JOB TYPE Surface	EMPLOYEE NAME Bryan Douglas	

EMP NAME	Bryan Douglas	0					
	Rocky Anthis						
	Flo Helkena						
	Paul Thomas						

Form. Name _____ Type: _____
 Packer Type _____ Set At 0
 Bottom Hole Temp. 90 Pressure _____
 Retainer Depth _____ Total Depth 600'

	Called Out	On Location	Job Started	Job Completed
Date	2/14/2014	2/14/2014	2/14/2014	2/14/2014
Time	1430	1700	2200	2400

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	Max. Allow
Casing		24#	8 1/2"		Surface	600'	1,500
Liner							
Liner							
Tubing			0				
Drill Pipe							
Open Hole			12 1/4"		Surface	600'	Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials			
Mud Type	WBM	Density	9 Lb/Gal
Disp. Fluid	Fresh Water	Density	8.33 Lb/Gal
Spacer type	resh Wate BBL.		10 8.33
Spacer type	BBL.		
Acid Type	Gal.	%	
Acid Type	Gal.	%	
Surfactant	Gal.	ln	
NE Agent	Gal.	ln	
Fluid Loss	Gal/Lb	ln	
Gelling Agent	Gal/Lb	ln	
Fric. Red.	Gal/Lb	ln	
MISC.	Gal/Lb	ln	

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
2/14	7.0	2/14	2.0	Surface
Total	7.0	Total	2.0	

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

Pressures			
MAX	1,500 PSI	AVG.	200
Average Rates in BPM			
MAX	6 BPM	AVG	5
Cement Left in Pipe			
Feet	46	Reason	SHOE JOINT

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	190	EX Lite Premium Plus 65	(6% Gel) 2% Calcium Chloride - 1/2pps Cello-Flake - .5% C-41P	11.11	2.01	12.40
2	260	Premium Plus (Class C)	2% Calcium Chloride - 1/2pps Cello-Flake	6.32	1.32	14.80
3	*200	Premium Plus (Class C)	*2% Calcium Chloride on side to use if necessary	*6.32	*1.32	*14.8

Summary								
Preflush	Fresh water	Type:	Fresh water	Preflush:	BBI	10.00	Type:	Fresh Water
Breakdown		MAXIMUM	1,500 PSI	Load & Bkdn:	Gal - BBI	N/A	Pad:Bbl -Gal	N/A
		Lost Returns-N	NO/FULL	Excess /Return	BBI	53	Calc. Disp Bbl	34
		Actual TOC	SURFACE	Calc. TOC:		SURFACE	Actual Disp.	33.66
Average		Bump Plug PSI:	500	Final Circ.	PSI:	200	Disp:Bbl	33.66
ISIP	5 Min.	10 Min	15 Min	Cement Slurry:	BBI	129.1		
				Total Volume	BBI	172.80		

CUSTOMER REPRESENTATIVE Shane Morrison SIGNATURE

JOB SUMMARY			PROJECT NUMBER SOK 3451	TICKET DATE 02/26/14
COUNTY Harper	State Kansas	COMPANY Sandridge Exploration & Production	CUSTOMER REP Bill Tomlinson	
LEASE NAME Saratoga SWD 3405	Well No. 1-10	JOB TYPE Intermediate	EMPLOYEE NAME Bryan Douglas	

EMP NAME Bryan Douglas	Eric Parsons		
Rocky Anthis			
Flo Helkena			
Paul Thomas			

Form. Name _____ Type: _____

Packer Type _____ Set At **0**

Bottom Hole Temp. **155** Pressure _____

Retainer Depth _____ Total Depth **5213**

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

Materials			
Mud Type	WBM	Density	9 Lb/Gal
Disp. Fluid	Fresh Water	Density	8.33 Lb/Gal
Spacer type	resh Water BBL.		20 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	
Perfpac Balls	Qty.		
Other			
Other			
Other			
Other			
Other			

Date	Called Out	On Location	Job Started	Job Completed
	2/25/2014	2/26/2014	2/26/2014	2/26/2014
Time		7:45am	11:30am	1:30pm

Well Data						
New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing		17#	5½"	Surface	5,212	5,000
Liner						
Liner						
Tubing		0				
Drill Pipe						
Open Hole			7 7/8"	Surface	5,208	Shots/Ft.
Perforations						
Perforations						
Perforations						

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
2/26	5.0	2/26	2.0	Intermediate
Total	5.0	Total	2.0	

Pressures			
MAX	5,000 PSI	AVG	120
Average Rates in BPM			
MAX	8 BPM	AVG	4
Cement Left in Pipe			
Feet	56	Reason	SHOE JOINT

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	430	O-Tex Lite Premium 65/35	(Class H) - 6% Gel - 0.2% FL-17 - 0.1% C-20 - 0.4% C-41P - ¼ pps Celloflak	10.02	1.87	12.70
2	170	Premium	0.2% FL-17 - 0.1% C-51 - 0.1% C-20 - 0.4% C-41P	5.19	1.19	15.60
3	0	0		0.00	0.00	0.00

Summary					
Preflush Breakdown	Type: _____	MAXIMUM _____	5,000 PSI	Preflush: BBI _____	30.00
	Lost Returns-N _____	NO/FULL		Load & Bkdn: Gal - BBI _____	N/A
	Actual TOC _____			Excess /Return BBI _____	N/A
Average	Bump Plug PSI: _____	1,240		Calc. TOC: _____	Surface
ISIP _____	5 Min _____	10 Min _____	15 Min _____	Final Circ. PSI: _____	490
				Cement Slurry: BBI _____	179.0
				Total Volume BBI _____	329.00

CUSTOMER REPRESENTATIVE *Bill Tomlinson* SIGNATURE