



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1194144
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: _____

1194144

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

TICKET

TICKET NUMBER: WY-162-1
 TICKET DATE: 11/17/2013

ELECTRONIC

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

YARD: WY WAYNOKA OK
 LEASE: Lanie 3408
 WELL#: 3-32H
 RIG #: Lariat 40
 Co/St: HARPER, KS

DESCRIPTION	QUANTITY	RATE	AMOUNT
11/15-17/2013 DRILLED 30" CONDUCTOR HOLE			
11/15-17/2013 20" CONDUCTOR PIPE (.250 WALL)			
11/15-17/2013 6' X 6' CELLAR TINHORN WITH PROTECTIVE RING			
11/15-17/2013 DRILL & INSTALL 6' X 6' CELLAR TINHORN			
11/15-17/2013 DRILLED 20" MOUSE HOLE (PER FOOT)			
11/15-17/2013 16" CONDUCTOR PIPE (.250 WALL)			
11/15-17/2013 MOBILIZATION OF EQUIPMENT & ROAD PERMITTING FEE			
11/15-17/2013 WELDING SERVICES FOR PIPE & LIDS			
11/15-17/2013 PROVIDED EQUIPMENT & LABOR TO ASSIST IN PUMPING CONCRETE			
11/15-17/2013 PROVIDED METAL LIDS (1 FOR CONDUCTOR & 2 FOR MOUSEHOLE PIPE)			
11/15-17/2013 22 YDS OF 10 SACK GROUT			
11/15-17/2013 TAXABLE ITEMS			7,370.00
11/15-17/2013 BID - TAXABLE ITEMS			11,630.00
11/15-17/2013 HOLE COVER			
		Sub Total:	19,000.00
		Tax HARPER COUNTY (6.15 %):	453.26
		TICKET TOTAL:	\$ 19,453.26

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

Approved Signature _____

JOB SUMMARY			PROJECT NUMBER SOK 3276	SECRET DATE 12/19/13
COUNTY Harper	State Kansas	COMPANY Dridge Exploration & Produc	CUSTOMER REP Jackie Kennedy	
LEASE NAME Lanie 3408	Well No. 3-32H	JOB TYPE Surface	EMPLOYEE NAME Bryan Douglas	

EMP NAME Bryan Douglas	Eric Parsons				
Marcos Quintana					
Danny Tewell					
0.00					

Form. Name _____ Type: _____
Packer Type _____ Set At **0**
Bottom Hole Temp. **80** Pressure _____
Retainer Depth _____ Total Depth **656'**

Date	Called Out	On Location	Job Started	Job Completed
		12/18/2013	12/19/2013	12/19/2013
Time		11:00pm	3:55am	5:30am

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	691	1,500
Liner							
Liner							
Tubing			0				
Drill Pipe							
Open Hole			12 1/4"		Surface	686	Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials

Mud Type	WBM	Density	9	Lb/Gal
Disp. Fluid	Fresh Water	Density	8.33	Lb/Gal
Spacer type	fresh 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		

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

Hours On Location

Date	Hours	Date	Hours	Description of Job
12/19	6.0	12/19	1.0	Surface
Total	6.0	Total	1.0	

Pressures

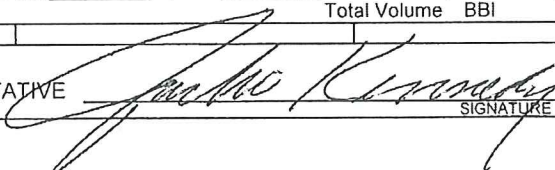
MAX	1,500 PSI	AVG.	120
Average Rates in BPM			
MAX	6 BPM	AVG	4
Cement Left in Pipe			
Feet	45	Reason	SHOE JOINT

Cement Data

Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	200	TEX Lite Premium Plus 65	(6% Gel) 2% Calcium Chloride - 1/4pps Cello-Flake - .5% C-41P	11.11	2.01	12.40
2	130	Premium Plus (Class C)	2% Calcium Chloride - 1/4pps Cello-Flake	6.32	1.32	14.80

Summary

Preflush Breakdown	Type: _____	Preflush: BBI	10.00	Type: Fresh Water
	MAXIMUM	Load & Bkdn: Gal - BBI	N/A	Pad:Bbl -Gal N/A
	Lost Returns-1	Excess /Return BBI	50	Calc. Disp Bbl 50
	Actual TOC	Calc. TOC:	SURFACE	Actual Disp. 50.00
Average	Bump Plug PSI: 750	Final Circ. PSI:	320	Disp:Bbl _____
15 Min.	10 Min.	Cement Slurry BBI	102.0	
	15 Min.	Total Volume BBI	162.00	

CUSTOMER REPRESENTATIVE  SIGNATURE

JOB SUMMARY			PROJECT NUMBER SOK 3270	TICKET DATE 12/16/13
COUNTY Harper	State Kansas	COMPANY Bridge Exploration & Produc	CUSTOMER REP Jackie Kennedy	
LEASE NAME Lanie 3408	Well No. 3-32H	JOB TYPE Surface	EMPLOYEE NAME Arthur Setzer	

EMP NAME	0				
Arthur Setzer					
Jared Green					
Mike Hall					
0.00					

Form. Name _____ Type: _____
 Packer Type _____ Set At **0**
 Bottom Hole Temp. **80** Pressure _____
 Retainer Depth _____ Total Depth **0**

Date	Called Out	On Location	Job Started	Job Completed
	12/16/2013	12/16/2013	12/16/2013	12/16/2013
Time	1000	1300	1400	1500

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

New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	0.0	0		Surface	0	1,500
Liner						
Liner						
Tubing		0				
Drill Pipe						
Open Hole			20"	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	fresh 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	

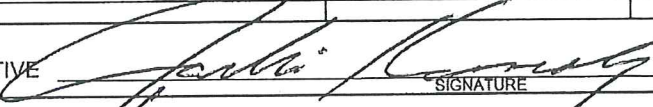
Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
12/16	2.0	12/16	1.0	Surface
Total	2.0	Total	1.0	

Perfpac Balls _____ Qty. _____
 Other _____
 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	200	Premium Plus (Class C)	2% Calcium Chloride		6.32	1.32
2	0	0		0	0.00	0.00
3	0	0		0	0.00	0.00

Summary					
Preflush	10.00	Type:	0	Preflush:	BBI
Breakdown		MAXIMUM	1,500 PSI	Load & Bkdn:	Gal - BBI
		Lost Returns-	NO/FULL	Excess /Return	BBI
		Actual TOC	SURFACE	Calc. TOC:	
Average		Bump Plug PSI:		Final Circ.	PSI:
5 Min.		10 Min	15 Min	Cement Slurry	BBI
				Total Volume	BBI
					25.00

CUSTOMER REPRESENTATIVE _____
 SIGNATURE 

JOB SUMMARY			PROJECT NUMBER SOK 3271	TICKET DATE 12/17/13
COUNTY Harper	State Kansas	COMPANY Dridge Exploration & Produc	CUSTOMER REP Jackie Kennedy	
LEASE NAME Lanie 3408	Well No. 3-32H	JOB TYPE Surface	EMPLOYEE NAME Arthur Setzer	

EMP NAME	0				
Arthur Setzer					
Jared Green					
Rocky Anthis					
0.00					

Form. Name _____ Type: _____

Packer Type _____ Set At 0

Bottom Hole Temp. 80 Pressure _____

Retainer Depth _____ Total Depth 0

Date	Called Out 12/17/2013	On Location 12/17/2013	Job Started 12/17/2013	Job Completed 12/17/2013
Time	0100	0600	0630	0800

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
Casing		0.0	0		Surface	0
Liner						
Liner						
Tubing			0			
Drill Pipe						
Open Hole			20"		Surface	0
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
Spacer type	BBL.		8.33
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	
Perpac Balls	Qty.		
Other			
Other			
Other			
Other			
Other			

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
12/17	2.0	12/17	1.0	Surface
Total	2.0	Total	1.0	

Pressures		
MAX	1,500 PSI	AVG. 30
Average Rates in BPM		
MAX	6 BPM	AVG 2
Cement Left in Pipe		
Feet	90	Reason SHOE JOINT

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	100	Premium Plus (Class C)	2% Calcium Chloride	6.32	1.32	14.80
2	0	0		0	0.00	0.00
3	0	0		0	0.00	0.00

Summary			
Preflush	Type: _____	Preflush: BBI	10.00
Breakdown	MAXIMUM 1,500 PSI	Load & Bkdn: Gal - BBI	N/A
	Lost Returns-N	Excess /Return BBI	15
	Actual TOC	Calc. TOC:	SURFACE
Average	Bump Plug PSI:	Final Circ. PSI:	30
ISIP	5 Min. 10 Min. 15 Min.	Cement Slurry BBI	23.0
		Total Volume BBI	34.00

CUSTOMER REPRESENTATIVE *Jackie Kennedy* SIGNATURE

JOB SUMMARY			PROJECT NUMBER SOK 3299	TICKET DATE 12/31/13
COUNTY Harper	State Kansas	COMPANY Sandridge Exploration & Production	CUSTOMER REP Larry Strong	
LEASE NAME Lanie 3408	Well No. 3-32H	JOB TYPE Intermediate	EMPLOYEE NAME NATHAN COTTA	

EMP NAME NATHAN COTTA					
MIKE C					
WALLACE B					
FLO H					

Form. Name _____ Type: _____
 Packer Type _____ Set At 0
 Bottom Hole Temp. 155 Pressure _____
 Retainer Depth _____ Total Depth 5941

Date	Called Out 12.31.13	On Location 12.31.13	Job Started 12.31.13	Job Completed 12.31.13
Time	700	1100	1518	1745

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
Casing		26#	7"		Surface	
Liner						
Liner						
Tubing			0			
Drill Pipe						
Open Hole			8 1/2"		Surface	5,941
Perforations						
Perforations						
Perforations						

Materials			
Mud Type	WBM	Density	Lb/Gal
Disp. Fluid	Fresh Water	8.33	
Spacer type	GEL BBL.	30	10.50
Spacer type	BBL.		8.40
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	
12.31.13	8.5	12.31.13	3.0	Intermediate
Total	8.5	Total	3.0	

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

Pressures			
MAX	3500 PSI	AVG.	200
Average Rates in BPM			
MAX	6 BPM	AVG	5
Cement Left in Pipe			
Feet	88	Reason	SHOE JOINT

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	285	50/50 POZ PREMIUM	4% Gel - 0.2% FL-17 - 0.1% C-51 - 0.2% C-20 - 0.1% C-37 - 0.4% C-41P	6.93	1.43	13.60
2	100	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	0.00	0.00

Summary			
Preflush Breakdown	Type: _____	Preflush: BBI	30.00
	MAXIMUM	Load & Bkdn: Gal - BBI	N/A
	Lost Returns-t	Excess /Return BBI	N/A
	Actual TOC	Calc. TOC:	2,588
Average	Bump Plug PSI:	Final Circ. PSI:	750
ISIP 5 Min.	10 Min.	Cement Slurry BBI	94.0
	15 Min.	Total Volume BBI	347.00

CUSTOMER REPRESENTATIVE *Larry Strong* SIGNATURE