



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1195112
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: _____

1195112

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
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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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Carroll 3023 1-31
Doc ID	1195112

All Electric Logs Run

Prizm
Mud
Porosity
Resistivity

Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Carroll 3023 1-31
Doc ID	1195112

Tops

Name	Top	Datum
Base Anhydrite	2802	
Base Heebner	4495	
Lansing	4649	
Marmaton	5155	
Big Lime	5199	
Oswego	5213	
Pawnee	5242	
Fort Scott	5273	
Cherokee	5300	
Mississippi	5429	



INVOICE

DATE	INVOICE #
12/16/2013	4439

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
CLARK, KS	12/11/2013	3390	TOMCAT 2	CARROLL 3023 1-31	Due on rec ..

Description

DRILLED 80' OF 30" CONDUCTOR HOLE
 DRILLED 6' OF 76" HOLE
 FURNISHED AND SET 6' X 6' TINHORN CELLAR
 FURNISHED 80' OF 20" CONDUCTOR PIPE
 FURNISHED 35' RAT HOLE SHUCK
 FURNISHED 25' MOUSE HOLE SHUCK
 FURNISHED MUD, WATER, AND TRUCKING
 FURNISHED WELDER AND MATERIALS
 FURNISHED 9 YARDS OF GRADE A CEMENT
 FURNISHED GROUT PUMP
 DRILL RAT AND MOUSE HOLES

TOTAL BID \$14,500.00

Sales Tax (7.8%)	\$169.42
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TOTAL	\$14,669.42
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JOB SUMMARY			PROJECT NUMBER SOK 3302	TICKET DATE 12/31/13
COUNTY Clark	State Kansas	COMPANY Bridge Exploration & Produc	CUSTOMER REP Bill Tomlinson	
LEASE NAME Carroll 3023	Well No. 1-31	JOB TYPE Surface	EMPLOYEE NAME Bryan Douglas	

EMP NAME	Bryan Douglas				
	Jared Green				
	Rocky Anthis				
	Aurthur Setzer				

Form. Name _____ Type: _____
Packer Type _____ Set At **0**
Bottom Hole Temp. **80** Pressure _____
Retainer Depth _____ Total Depth **1230**

Date	Called Out 12/31/2013	On Location 12/31/2013	Job Started 12/31/2013	Job Completed 12/31/2013
Time	0200	0800	1500	1700

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		36#	9"		Surface	1,230
Liner						
Liner						
Tubing			0			
Drill Pipe						
Open Hole			12 1/2"		Surface	1,230
Perforations						Shots/Ft.
Perforations						
Perforations						

Materials			
	WBM	Density	Lb/Gal
Disp. Fluid	Fresh Water	8.33	8.33
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	
Perfoac Balls	Qty.		
Other			
Other			
Other			
Other			

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
12/31	9.0	12/31	2.0	Surface
Total	9.0	Total	2.0	

Pressures		
MAX	1,500 PSI	AVG. 400
Average Rates in BPM		
MAX	6 BPM	AVG 5
Cement Left in Pipe		
Feet	43	Reason SHOE JOINT

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	490	TEX Lite Premium Plus 65	(6% Gel) 2% Calcium Chloride - 1/4 pps Cello-Flake - .5% C-41P	11.11	2.01	12.40
2	195	Premium Plus (Class C)	2% Calcium Chloride - 1/4 pps 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 Breakdown	Type: _____	MAXIMUM _____	1,500 PSI	Preflush: BBI _____	10.00
	Lost Returns-# _____	NO/FULL _____		Load & Bkdn: Gal - BBI _____	N/A
	Actual TOC _____	SURFACE _____		Excess /Return BBI _____	50
Average	Bump Plug PSI: _____	900		Calc. TOC: _____	SURFACE
ISIP _____	5 Min. _____	10 Min. _____	15 Min. _____	Final Circ. PSI: _____	400
				Cement Slurry BBI _____	221.3
				Total Volume BBI _____	322.25

CUSTOMER REPRESENTATIVE Bill Tomlinson SIGNATURE