



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1195285
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: _____

1195285

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	Sutton 1825 3-3H
Doc ID	1195285

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	5292-5294	CIBP	6448
4	5320-5322		
4	5356-5358		
4	5396-5398		
4	5468-5470		
4	5494-5496		
4	5540-5542		
4	5564-5566		
4	5604-5606		
4	5620-5622	3000 gals of 15% NEFE acid, 213 bbls fresh slick wtr	6060
4	5633-5635	3000 gals of 15% NEFE acid, 195 bbls of fresh slick wtr	5292
4	5698-5700	3000 gals 15% NEFE acid, 199 bbls fresh slick wtr	5566
4	5738-5740		
4	5760-5762		
4	5778-5780		
4	5798-5800		
4	5852-5854		
4	5894-5896		
4	5937-5939		
4	5970-5872		

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Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	6050-6052		
4	6074-6076		
4	6090-6092		
4	6112-6114		
4	6162-6164		
4	6202-6204		
4	6228-6230		
4	6248-6250		
4	6300-6302		
4	6310-6312		
4	6321-6323	3000 gals 15% NEFE acid, 202 bbls fresh slick wtr	5604
4	6750-6752	3000 gals 15 % NEFE acid, 205 bbls fresh slick wtr	5738
4	6796-6782	Acid Treatment - 3000 gals 15% NEFE acid, 215 bbls fresh slick wtr	5852
4	6802-6846	Acid Treatment -3000 gals NEFE 15% 208 bbls fresh slick wtr	6152
4	6923-6951	Acid Treatment -3000 gals NEFE 15% 229 bbls fresh slick wtr	6750

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Well Name	Sutton 1825 3-3H
Doc ID	1195285

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	6974-7110	Acid Treatment -3000 gals NEFE 15% 237 bbls fresh slick wtr	6844
4	7135-7170	Acid Treatment - 3000 gals NEFE 15% 237 bbls fresh slick wtr	7108
4	7194-7285	Acid Treatment - 3000 gals 15% NEFE, 241 bbls fresh slick wtr	7258
4	7306-7428	Acid Treatment - 3000 gals 15% NEFE	7426
4	7450-7475	Acid Treatment - 3000 gals 15% NEFE & 241 bbls fresh slick water	7500



SandRidge Energy
Sutton #1825 3-13H
Ness County, KS.

1.0 Executive Summary

Allied Oil & Gas Services would like to thank you, for the award of the provision of cementing products and services on the well Sutton #1825 3-13H Surface Casing.

A pre-job meeting was held to discuss job details, review the safety hazards, potential environmental impact and established emergency procedures.

Allied started the job testing lines to 2000 psi. After a successful test we began the job by pumping 10 bbls of preflush spacer. We then mixed and pumped the following cements:

157 Bbls (470 sacks) of 12.7 ppg Lead slurry:
65:35 Class A:Poz Blend - 1.87 Yield
6.0% Gel
2.0%cc
¼# Floseal

46Bbls (215 sacks) of 15.6 ppg Tail slurry:
Class A - 1.20 Yield
2.0%cc
¼# Floseal

The top plug was then released and displaced with 108 of fresh water. The plug bumped and pressured up to 1100 psi. Pressure was released and floats held.

All real time data is shown on the graph in the attachment section.

Allied Oil & Gas Services remains committed to provide operational excellence and superior product performance. All comments and suggestion are greatly appreciated, to help us to continue to provide this level of service.

Again we want to thank you for the opportunity to perform these and your future cementing & acidizing service needs



INVOICE

DATE	INVOICE #
11/20/2013	4391

BILL TO
SANBORNE ENERGY, INC ATTN: PURCHASING MANAGER 123 ROBERT S. KERR AVENUE OKLAHOMA CITY, OK 73102

SEND TO
EDGE SERVICES, INC. PO BOX 609 WOODWARD, OK 73802

COUNTY	STARTING D	WORK ORDER	RIG NUMBER	LEASE NAME	Terms
SEMN, KS	11/18/2013	3371	HORIZON 4	SUTTON 1825 3-3H	One on rec...

Description

DRILLED 87' OF 30" CONDUCTOR HOLE
 DRILLED 6' OF 76" IRON
 FURNISHED AND SET 6" X 8" TENDON CELLAR
 FURNISHED 80' OF 20" CONDUCTOR PIPE
 FURNISHED 1 LOADS MUD
 FURNISHED WELDER AND MATERIALS
 FURNISHED 10 YARDS OF GRADE A CEMENT
 FURNISHED GROUT PUMP
 DRILL A 6 X 5/8" HOLE
 FURNISHED 25' OF 14" CONDUCTOR PIPE FOR MOUSE HOLE

TOTAL BID \$ 13,850.00

AFE Number: DC 13329
 Well Name: SUTTON 1825 3-3H
 Code: 830-090
 Amount: 15977.30
 Co. Man: Tom Fortland
 Co. Man Sg: [Signature]
 Notes: _____

Sales Tax (6.15%)	\$127.80
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TOTAL	\$13,977.80
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