



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1201436
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: _____

1201436

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> <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	Aldo SWD 3408 1-27
Doc ID	1201436

Tops

Name	Top	Datum
Base Heebner	3445	
Lansing	3776	
Cottage Grove	4072	
Swope	4261	
Marmaton	4376	
Oswego	4392	
Pawnee	4447	
Cherokee	4505	
Verdigris	4523	
Mississippian Unconformity	4668	
Kinderhook	4999	
Woodford	5065	
Simpson	5150	
Simpson Shale	5238	
Oil Creek	5310	
Arbuckle	5339	

Mid-Continent Conductor, LLC

Invoice

P.O. Box 1570
Woodward, OK 73802
Phone: (580)254-5400
Fax: (580)254-3242

Date	Invoice #
4/3/2014	2566

Bill To
SandRidge Energy, Inc. Attn: Purchasing Mgr. 123 Robert S. Kerr Avenue Oklahoma City, OK. 73102

Ordered By	Terms	Date of Service	Lease Name/Legal Desc.	Drilling Rig
Carl Miller	Net 30	4/3/2014	Aldo SWD 3408 1-27, Harper Cnty, KS	Tomcat 3

Item	Quantity	Description
Conductor Hole	90	Drilled 90 ft. conductor hole.
20" Pipe	90	Furnished 90 ft. of 20 inch conductor pipe.
Rat & Mouse Holes	1	Drilled rat and mouse hole.
Rat Hole Shuck	1	Furnished rat hole shuck.
Mouse Hole Shuck	1	Furnished mouse hole shuck.
Cellar Hole	1	Drilled 6x6 cellar hole.
6' X 6' Tinhorn	1	Furnished and set 6x6 tinhorn.
Mud and Water	1	Furnished mud and water.
Transport Truck - Conductor	1	Transport mud and water to location.
Grout & Trucking	10	Furnished 10 yards of grout and trucking to location.
Grout Pump	1	Furnished grout pump.
Fence Panels	1	Furnished and set safety panels around holes.
Welder & Materials	1	Furnished welder and materials.
Dirt Removal	1	Labor and equipment for dirt removal.
Cover Plate	1	Furnished cover plates.
Permits	1	Permits

AFE Number: DC 13848
 Well Name: ALDO SWD 3408 1-27
 Code: 850 010
 Amount: 15,200.00
 Co. Man: Jose Bradley
 Co. Man Sig.: Jose Bradley
 Notes: _____

Subtotal	\$15,200.00
Sales Tax (0.0%)	\$0.00
Total	\$15,200.00

JOB SUMMARY

PROJECT NUMBER SOK 3612		TICKET DATE 04/13/14	
COUNTY Harper		COMPANY Bridge Exploration & Produc	
State Kansas		CUSTOMER REP Jase Bradley	
LEASE NAME Aldo SWD 3408 1-27		EMPLOYEE NAME Bryan Douglas	
Well No. 1-27		JOB TYPE Surface	

EMP NAME Bryan Douglas	0				
Rocky Anthis					
Flo Helkena					
David Thomas					

Form. Name _____ Type: _____

Packer Type _____ Set At _____ 0

Bottom Hole Temp. 80 Pressure _____

Retainer Depth _____ Total Depth 800'

Date	Called Out	On Location	Job Started	Job Completed
	4/13/2014	4/13/2014	4/13/2014	4/13/2014
Time	0800	1100	1300	1500

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
Casing	24#	8 5/8"		Surface	800'
Liner					
Liner					
Tubing		0			
Drill Pipe					
Open Hole		12 1/2"		Surface	800'
Perforations					Shots/Ft.
Perforations					
Perforations					

Materials			
Mud Type	WBM	Density	Lb/Gal
Disp. Fluid	Fresh Water	8.33	
Spacer type	resh 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		Operating Hours		Description of Job
Date	Hours	Date	Hours	
4/13	4.0	4/13	2.0	Surface
				1/2 BBL BACK
Total	4.0	Total	2.0	

Pressures	
MAX 1,500 PSI	AVG 200
Average Rates in BPM	
MAX 6 BPM	AVG 4
Cement Left in Pipe	
Feet 46	Reason SHOE JOINT

Cement Data		Additives		W/Rq.	Yield	Lbs/Gal
1	260	TEX Lite Premium Plus 65 (6% Gel)	2% Calcium Chloride - 1/2pps Cello-Flake - .4% C-41P	11.11	2.01	12.40
2	200	Premium Plus (Class C)	2% Calcium Chloride - 1/2pps Cello-Flake	6.32	1.32	14.80
3	*100	Premium Plus (Class C)	*2% Calcium Chloride on side to use if necessary	*6.32	*1.32	*14.8

Summary					
Preflush Breakdown	10	Type: Fresh Water	Preflush: BBI	10.00	Type: Fresh Water
		MAXIMUM	Load & Bkdn: Gal - BBI	N/A	Pad:Bbl -Gal N/A
		Lost Returns-N	Excess /Return BBI	65	Calc.Disp Bbl 45
		Actual TOC	Calc. TOC:	SURFACE	Actual Disp. 44.76
Average		Bump Plug PSI: 1,600	Final Circ. PSI: 200		Disp:Bbl 44.76
ISIP 5 Min.		10 Min.	Cement Slurry: BBI	140.1	
		15 Min.	Total Volume BBI	194.86	

CUSTOMER REPRESENTATIVE Jase Bradley SIGNATURE

JOB SUMMARY			PROJECT NUMBER SOK 3646	TICKET DATE 04/20/14
COUNTY Harper	STATE Kansas	COMPANY Sandridge Exploration & Production	CUSTOMER REP Shane Morrison	
LEASE NAME Aldo SWD 3408	Well No. 1-27	JOB TYPE Intermediate	EMPLOYEE NAME Barry Barkley	

EMP NAME	Barry Barkley	0					
	Mike Hall						
	Cheryl Newton						
	David Settlemier						

Form. Name _____ Type: _____
Packer Type _____ Set At _____ 0 _____
Bottom Hole Temp. _____ 155 _____ Pressure _____
Retainer Depth _____ Total Depth _____ 5457 _____

Date	Called Out 4/20/2014	On Location 4/20/2014	Job Started 4/20/2014	Job Completed 4/20/2014
Time	12:00	14:30	17:37	20:00

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		17#	5 1/2"		Surface	
Liner						
Liner						
Tubing			0			
Drill Pipe						
Open Hole			7 7/8"		Surface	5,560
Perforations						Shots/Ft.
Perforations						
Perforations						

Materials			
Mud Type	WBM	Density	9 Lb/Gal
Disp. Fluid	Fresh Water	Density	8.33 Lb/Gal
Spacer type	gel	BBL.	30 8.60
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		Operating Hours		Description of Job
Date	Hours	Date	Hours	
4/20	6.0	4/20	2.0	Intermediate
Total	6.0	Total	2.0	

Pressures			
MAX	1000	AVG.	200
Average Rates in BPM			
MAX	6.6	AVG	5
Cement Left in Pipe			
Feet	84	Reason	SHOE JOINT

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	470	O-Tex Lite Premium 65/35	(Class H) - 6% Gel - 0.2% FL-17 - 0.1% C-20 - 0.4% C-41P - 1/4 pps Celloflake	11.04	2.01	12.40
2	200	Premium Plus (Class C)	(Class C) - 0.2% FL-17 - 0.2% C-20 - 0.4% C-41P - 1/4 pps Celloflake	6.32	1.33	14.80
3	0	0		0	0.00	0.00

Summary					
Preflush	30.00	Type:	MAXIMUM	5,000 PSI	Preflush: BBI
Breakdown			Lost Returns-1	NO/FULL	Load & Bkdn: Gal - BBI
			Actual TOC		Excess /Return BBI
Average			Bump Plug PSI:		Calc. TOC:
ISIP	5 Min.	10 Min.	15 Min.		Final Circ. PSI:
					Cement Slurry BBI
					Total Volume BBI
					370.40

CUSTOMER REPRESENTATIVE Shane Morrison SIGNATURE