



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

# TICKET

TICKET NUMBER: WY-194-1  
 TICKET DATE: 12/13/2013

**ELECTRONIC**

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

YARD: WY WAYNOKA OK  
 LEASE: Barbara 3404  
 WELL#: 1-9H  
 RIG #: Lariat 45  
 Co/St: SUMNER, KS

DESCRIPTION	QUANTITY	RATE	AMOUNT
12/12-13/2013 DRILLED 30" CONDUCTOR HOLE			
12/12-13/2013 20" CONDUCTOR PIPE (.250 WALL)			
12/12-13/2013 6' X 6' CELLAR TINHORN WITH PROTECTIVE RING			
12/12-13/2013 DRILL & INSTALL 6' X 6' CELLAR TINHORN			
12/12-13/2013 DRILLED 20" MOUSE HOLE (PER FOOT)			
12/12-13/2013 16" CONDUCTOR PIPE (.250 WALL)			
12/12-13/2013 MOBILIZATION OF EQUIPMENT & ROAD PERMITTING FEE			
12/12-13/2013 WELDING SERVICES FOR PIPE & LIDS			
12/12-13/2013 PROVIDED EQUIPMENT & LABOR TO ASSIST IN PUMPING CONCRETE			
12/12-13/2013 PROVIDED METAL LIDS (1 FOR CONDUCTOR & 2 FOR MOUSEHOLE PIPE)			
12/12-13/2013 10 YDS OF 10 SACK GROUT			
12/12-13/2013 TAXABLE ITEMS			5,400.00
12/12-13/2013 BID - TAXABLE ITEMS			12,850.00
		Sub Total:	18,250.00
		Tax SUMNER COUNTY (6.65 %):	359.10
		TICKET TOTAL:	<u>\$ 18,609.10</u>

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

Approved Signature \_\_\_\_\_



7303 N. Highway 81  
Duncan, OK 73533

# Invoice

Date:	Invoice #:
1/17/2014	0000009755

Phone # (580) 255-3111

Bill To
Sandridge Exploration & Production 123 Robert S Kerr Ave Oklahoma City, OK 73102-6406

Description of Work
SUMNER, COUNTY KS AFE DC13395 API 15-191-22714-01-00
Job Type: Surface (New Well Only)

Field Receipt	Terms	Service Date	Due Date	AFE No	Lease/Well Name
SOK3339	Net 30	1/15/2014	2/16/2014	AFE DC13395	BARBARA 3404 1-9H

Item	Description	U/M	Qty	Price Each	Amount	Disc %	Disc Amt	Net Amount
ML001	Pickup Mileage	UNTMIL	100	4.26	426.00	60.00%	-255.60	170.40
ML002	Pump Truck/Heavy Vehicle Mileage	UNTMIL	100	7.32	732.00	60.00%	-439.20	292.80
ML003	Bulk Cement Delivery/Return	MILE	572	2.95	1,687.40	60.00%	-1,012.44	674.96
MX001	Bulk Material Mixing Service Charge	SCF	266	3.27	869.82	60.00%	-521.89	347.93
CC001	Pump Charge 0-1000'	4-HRS	1	2,038.61	2,038.61	60.00%	-1,223.17	815.44
ML014	Fuel Surcharge *	JOB	1	653.40	653.40	100.00%	-653.40	0.00
AE014	Environmental Fee*	JOB	1	228.69	228.69	100.00%	-228.69	0.00
PC003	Employee/Supervisor Retention/perdiem	JOB	5	1,306.80	6,534.00	90.00%	-5,880.60	653.40
JM001	Data Acquisition System	JOB	1	1,437.48	1,437.48	60.00%	-862.49	574.99
AE002	Cement Head with manifold	JOB	1	1,176.12	1,176.12	60.00%	-705.67	470.45
AE003	Circulation Equipment( 40' of equipment)	JOB	1	1,633.50	1,633.50	60.00%	-980.10	653.40
CL017	9 5/8" Top Rubber Plug	EACH	1	338.80	338.80	35.00%	-118.58	220.22
CSB006	O-Tex Lite Premium Plus	SACK	140	29.81	4,173.40	53.00%	-2,211.90	1,961.50
CP001	C (Premium Plus Cement) (94 lbs/ft3)	94SACK	100	30.80	3,080.00	53.00%	-1,632.40	1,447.60
CP010	Cello Flake	LBS	60	4.20	252.00	53.00%	-133.56	118.44
CP018	Calcium Chloride	LBS	432	1.22	527.04	53.00%	-279.33	247.71
CP009	CF-41 (Foam Preventer)	GAL	4	86.06	344.24	53.00%	-182.45	161.79
CP033	CF-41P (Powder Defoamer)	LBS	61	5.42	330.62	53.00%	-175.23	155.39
CP031	Sugar	LBS	50	3.39	169.50	0.00%	0.00	169.50

		<b>Subtotal Amount</b>	*****
		<b>Sales Tax</b>	*****
		<b>Discount Amount</b>	*****
Contact: Sandridge Exploration & Production		<b>Payment/Credit Amount</b>	*****
		<b>Total Net Amount</b>	*****

API No. <b>15-191-22714-01-00</b>
OTC/OCC Operator No. <b>34192-0</b>

**CEMENTING REPORT**  
To Accompany Completion Report

Form 1002C  
Rev. 1996

**OKLAHOMA CORPORATION COMMISSION**  
Oil & Gas Conservation Division  
Post Office Box 52000-2000  
Oklahoma City, Oklahoma 73152-2000  
OAC 165:10-3-4(h)

All operators must include this form when submitting the Completion Report, (Form 1002A). The signature on this statement must be that of qualified employees of the cementing company and operator to demonstrate compliance with OAC 165:10-3-4(h). It may be advisable to take a copy of this form to location when cementing work is performed.

**TYPE OR USE BLACK INK ONLY**

*Field Name <b>0</b>	OCC District		
*Operator <b>Sandridge Exploration &amp; Production</b>	OCC/OTC Operator No <b>34192-0</b>		
*Well Name/No. <b>Barbara 3404 1-9H</b>	County <b>Sumner</b>		
*Location 1/4    1/4    1/4    1/4	Sec <b>4</b>	Twp <b>34S</b>	Rge <b>4W</b>

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date				<b>1/24/2014</b>		
*Size of Drill Bit (Inches)				<b>8<sup>3</sup>/<sub>4</sub>"</b>		
*Estimated % wash or hole enlargement used in calculations				<b>40%</b>		
*Size of Casing (inches O.D.)				<b>7"</b>		
*Top of Liner (if liner used) (ft.)				<b>N/A</b>		
*Setting Depth of Casing (ft.) from ground level				<b>5400</b>		
Type of Cement (API Class) In first (lead) or only slurry				<b>50/50 POZ PREMIUM</b>		
In second slurry				<b>Premium</b>		
In third slurry				<b>N/A</b>		
Sacks of Cement Used In first (lead) or only slurry				<b>280</b>		
In second slurry				<b>100</b>		
In third slurry				<b>N/A</b>		
Vol of slurry pumped (Cu ft)(14.X15.) in first (lead) or only slurry				<b>400.4</b>		
In second slurry				<b>119</b>		
In third slurry				<b>N/A</b>		
Calculated Annular Height of Cement behind Pipe (ft)				<b>3323.9</b>		
Cement left in pipe (ft)				<b>91</b>		

*Amount of Surface Casing Required (from Form 1000)	ft.
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*Was cement circulated to Ground Surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	*Was Cement Staging Tool (DV Tool) used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
*Was Cement Bond Log run? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If so, Attach Copy)	*If Yes, at what depth?    ft

**CEMENTING COMPANY AND OPERATOR MUST COMPLY WITH THE INSTRUCTIONS ON REVERSE SIDE OF FORM**

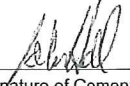
\* Designates items to be completed by Operator.  
Items not so designated shall be completed by the Cementing Company.

Remarks  
**Cement #1: 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 \***  
**Cement # 2: Premium: 0.2% FL-17 - 0.1% C-51 - 0.1% C-20 - 0.4% C-41P \* Cement #3: 0: 0 \* Cement #4: : \***  
**Cement #5: :**

\*Remarks

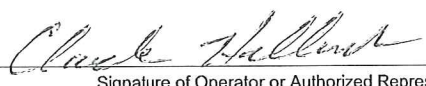
**CEMENTING COMPANY**

I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that the cementing of casing in this well as shown in the report was performed by me or under my supervision, and that the cementing data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers cementing data only.

  
 \_\_\_\_\_  
 Signature of Cemente or Authorized Representative

**OPERATOR**

I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that I have knowledge of the well data and information presented in this report, and that data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers all well data and information presented herein.

  
 \_\_\_\_\_  
 Signature of Operator or Authorized Representative

Name & Title Printed or Typed  
**John Hall**

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Address  
**O-TEX Pumping LLC**

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Address  
**7303 N. Hwy 81**

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City  
**Duncan**

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State | Zip  
**OK | 73533**

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Telephone (AC) Number  
**580-251-9919**

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Date  
**January 24, 2014**

\*Name & Title Printed or Typed

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\*Operator

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\*Address

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\*City

---

\*State | \*Zip

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\*Telephone (AC) Number

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\*Date

**INSTRUCTIONS**

1. A) This form shall be filed by the operator, at the O.C.C. office in Oklahoma City, as an attachment to the Completion Report (Form 1002A) for a producing well or a dry hole.
- B) An original of this form shall be filed as an attachment to the Completion Report, (Form 1002A), for each cementing company used on a well.
- C) The cementing of different casing strings on a well by one cementing company may be consolidated on one form.
2. Cementing Company and Operator shall comply with the applicable portions of OAC 165:10-3-4(h).
3. Set surface casing 50 feet below depth of treatable water to be protected and cement from casing shoe to ground surface or as allowed by OAC 165:10-3-4(h).
4. **IF SETTING ANYTHING OTHER THAN THE FULL AMOUNT OF SURFACE CASING, BE SURE TO FOLLOW CORPORATION COMMISSION RULES.**