



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1204563
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: _____

1204563

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> _____ <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	Murphy SWD 3404 1-18
Doc ID	1204563

All Electric Logs Run

Array Compensated True Resistivity Log
Compensated Spectral natural Gamma Ray Log
Micro Log
Spectral Density Dual Spaced neutron Log

Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Murphy SWD 3404 1-18
Doc ID	1204563

Tops

Name	Top	Datum
Base Heebner	3019	
Lansing	3331	
Cottage Grove	3684	
Oswego	4042	
Cherokee	4178	
Verdigris	4199	
Miss Unconformity	4409	
Kinderhook	4772	
Woodford	4829	
Simpson Shale	4944	
Oil Creek	5027	
Arbuckle	5047	



INVOICE

DATE	INVOICE #
4/30/2014	4738

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
SUMNER, KS	4/30/2014	3603	HORIZON 5	MURPHEY SWD 3404 1-18	Due on rec...

Description			
DRILLED 60' OF 30" CONDUCTOR HOLE DRILLED 6' OF 76" HOLE FURNISHED AND SET 6' X 6' TINHORN CELLAR FURNISHED 60' OF 20" CONDUCTOR PIPE FURNISHED WELDER AND MATERIALS FURNISHED 6 YARDS OF 10 SACK GROUT FOR CONDUCTOR HOLE FURNISHED 4 YARDS OF 10 SACK GROUT FOR MOUSE HOLE DRILL MOUSE HOLE FURNISHED 75' OF 16" CONDUCTOR PIPE TOTAL BID \$10,850.00			
<table border="1"> <tr> <td>Sales Tax (6.65%)</td> <td>\$147.44</td> </tr> </table>		Sales Tax (6.65%)	\$147.44
Sales Tax (6.65%)	\$147.44		

TOTAL	\$10,997.44
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ALLIED OIL & GAS SERVICES, LLC 062774

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:

DATE <u>5-2-14</u>	SEC. <u>18</u>	TWP. <u>34S</u>	RANGE <u>4W</u>	CALLED OUT	ON LOCATION <u>5-2-14 9:00PM</u>	JOB START <u>5-3-14 12:45A</u>	JOB FINISH <u>5-3-14 1:30P</u>	
LEASE <u>Murphy Swd</u> WELL # <u>3404 1-18</u>			LOCATION <u>Anthony Ks 13E 5 to 130</u>		COUNTY <u>Sumner</u>	STATE <u>Ks</u>		
OLD OR <input checked="" type="radio"/> NEW (Circle one)			.SE 5 into					

CONTRACTOR Horizon S OWNER Sandridge

TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 548
 CASING SIZE 8 5/8 DEPTH 546.84
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 44.04
 CEMENT LEFT IN CSG. 44.04
 PERFS. _____
 DISPLACEMENT 32 1/2 Fresh

CEMENT
 AMOUNT ORDERED 155sx 6.5:3.5:6 1/2 Gell + 2% cc + 1/4 H Flo Seal
155sx Class A + 2% cc + 1/4 H Flo Seal

EQUIPMENT
 PUMP TRUCK CEMENTER Jala Heard
 # 548/545 HELPER Justin Bower
 BULK TRUCK
 # 364 DRIVER Andrew Twis
 BULK TRUCK
 # _____ DRIVER _____

COMMON <u>Class A 155sx</u>	@ <u>17.90</u>	<u>2774.50</u>
POZMIX _____	@ _____	_____
GEL _____	@ _____	_____
CHLORIDE <u>8 sx</u>	@ <u>64.00</u>	<u>512.00</u>
ASC _____	@ _____	_____
<u>Flo Seal 78#</u>	@ <u>2.97</u>	<u>231.66</u>
_____	@ _____	_____
<u>ALWC 155</u>	@ <u>16.50</u>	<u>2557.50</u>
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
HANDLING _____	@ _____	_____
MILEAGE _____	@ _____	_____
<u>1822.69 = 30%</u>		TOTAL <u>6075.66</u>

REMARKS:

AFE Number: DC13816
 Well Name: Murphy 3404 1-18
 Code: 830.360
 Amount: 9355.19
 Co. Man: Dustin Burlew
 Co. Man Sig: Dustin Burlew
 Notes: _____

CHARGE TO: Sandridge
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB <u>546</u>		
PUMP TRUCK CHARGE	<u>2058.50</u>	
EXTRA FOOTAGE <u>1.12 mile 70</u>	@ <u>4.40</u>	<u>308.00</u>
MILEAGE <u>70</u>	@ <u>7.70</u>	<u>539.00</u>
MANIFOLD + Head <u>8 5/8</u>	@ _____	<u>275.00</u>
Handling <u>339.74 culet</u>	@ <u>248</u>	<u>842.61</u>
Dayage <u>1032.59 Trunks</u>	@ <u>2.60</u>	<u>2684.75</u>
Circ. Iron		<u>450</u>
<u>2147.35 = 30%</u>		TOTAL <u>7157.86</u>

PLUG & FLOAT EQUIPMENT

<u>Top Rubber plug</u>	@ <u>131.04</u>	<u>131.04</u>
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
<u>39.36 = 30%</u>		TOTAL <u>131.04</u>

To: Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME X

SIGNATURE X

SALES TAX (If Any) _____
 TOTAL CHARGES 13364.56
 DISCOUNT (9355.19) IF PAID IN 30 DAYS

ALLIED OIL & GAS SERVICES, LLC 062384

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:
Medicine Lodge KS

DATE <u>5-8-14</u>	SEC. <u>34</u>	TWP. <u>4</u>	RANGE <u>18</u>	CALLED OUT	ON LOCATION <u>4:30 PM</u>	JOB START <u>5:30 PM</u>	JOB FINISH <u>7:45 PM</u>
LEASE <u>Murphy SWD</u>		WELL # <u>34041-18</u>		LOCATION <u>Anthony KS, East to Summer Coline,</u>		COUNTY <u>Sumner</u>	STATE <u>KS</u>
OLD OR <u>NEW</u> (Circle one)				South to Rd 130, 1/2 East, South into			

CONTRACTOR Horizon #5 OWNER SandRidge Energy

TYPE OF JOB <u>Production</u>	CEMENT
HOLE SIZE <u>7 7/8</u> T.D. <u>5181</u>	AMOUNT ORDERED <u>470 5x65:35:6% Gel +</u>
CASING SIZE <u>5 1/2</u> DEPTH <u>5171</u>	<u>4% FL-160 + 3# K.l.reol, 175 5x Class A + 2% Gel</u>
TUBING SIZE DEPTH	<u>+ .6% FL-160 + .1% C-45 + 5# K.l.reol, 30 BBL ASF,</u>
DRILL PIPE DEPTH	<u>50 lbs Sugar</u>
TOOL DEPTH	COMMON <u>Class A 175 5x @ 17.90 3132.50</u>
PRES. MAX <u>2400</u> MINIMUM	POZMIX @ _____
MEAS. LINE SHOE JOINT <u>81 ft</u>	GEL @ _____
CEMENT LEFT IN CSG. <u>81 ft</u>	CHLORIDE @ _____
PERFS.	ASC @ _____
DISPLACEMENT <u>118 1/2 BBL Fresh H₂O</u>	<u>Super Flush 30 BBL @ 58.70 1761.00</u>

EQUIPMENT	
PUMP TRUCK CEMENTER <u>Jason Thinesch</u>	<u>Light Visc. Cont, Typ 1-Class A 470 5x @ 16.50 7755.00</u>
# <u>548/545</u> HELPER <u>CJ Rackley</u>	<u>FL-160 262 lbs @ 18.90 4951.80</u>
BULK TRUCK	<u>Gilsonite 2285 lbs @ 0.98 2239.30</u>
# <u>381/252</u> DRIVER <u>Hector TWS</u>	<u>C-45 17 lbs @ 3.47 58.99</u>
BULK TRUCK	<u>Sugar 50 lbs @ 4.00 200.00</u>
# <u>561/533</u> DRIVER <u>James Bowen</u>	<u>Gel 7 5x @ 23.40 163.80</u>
	HANDLING @ _____
	MILEAGE _____

REMARKS:

AFE Number: DC13816
Well Name: Murphy SWD 34041-18
Code: 830.370
Amount: 22742.63
Co. Man: Dustin Partlow
Co. Man Sig.: Dustin Partlow
Notes: _____

6078.71 / 36% TOTAL 20,262.39

SERVICE

DEPTH OF JOB <u>5171</u>	
PUMP TRUCK CHARGE	<u>3099.25</u>
EXTRA FOOTAGE LV <u>70 mi @ 4.40</u>	<u>308.00</u>
MILEAGE <u>70 mi @ 7.70</u>	<u>539.00</u>
MANIFOLD <u>+ Head</u>	<u>@ 275.00</u>
Circulating Iron	<u>@ 450.00</u>
Handling <u>738.43 cu ft @ 2.48</u>	<u>1831.30</u>
Drayage <u>2171.29 ton-mi @ 2.60</u>	<u>5660.95</u>

3649.05 / 30% TOTAL 12163.50

PLUG & FLOAT EQUIPMENT

<u>5 1/2</u>	
Rubber plug	<u>@ 85.41</u>
	@ _____
	@ _____
	@ _____
	@ _____

25.62 / 30% TOTAL 85.41

To: Allied Oil & Gas Services, LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any) _____

TOTAL CHARGES 32511.36

DISCOUNT _____ IF PAID IN 30 DAYS

Net \$ 22757.91

PRINTED NAME _____

SIGNATURE _____