



WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Confidentiality Requested:  
 Yes  No

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: \_\_\_\_\_

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:  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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____ <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Foster 3508 2-2H
Doc ID	1206022

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
5	9308-9486	1500 gals 15% HCL Acid, 5407 bbls Fresh Slickwater, Running TLTR 5561	
5	9175-9234	1500 gals 15% HCL Acid, 2738 bbls Fresh Slickwater, Running TLTR 8439	
5	8464-8766	1500 gals 15% HCL Acid, 5570 bbls Fresh Slickwater, Running TLTR 14169	
5	8143-8402	1500 gals 15% HCL Acid, 5407 bbls Fresh Slickwater, Running TLTR 19720	
5	7704-8110	1500 gals 15% HCL Acid, 5526 bbls Fresh Slickwater, Running TLTR 25348	
5	7281-7616	1500 gals 15% HCL Acid, 5482 bbls Fresh Slickwater, Running TLTR 30994	
5	6940-7216	1500 gals 15% HCL Acid, 5324 bbls Fresh Slickwater, Running TLTR 36311	
5	6571-6818	1500 gals 15% HCL Acid, 5190 bbls Fresh Slickwater, Running TLTR 41501	

Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Foster 3508 2-2H
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Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
5	6126-6402	1500 gals 15% HCL Acid, 5377 bbls Fresh Slickwater, Running TLTR 46814	
5	5800-6055	1500 gals 15% HCL Acid, 5266 bbls Fresh Slickwater, Running TLTR 52115	
5	5190-5556	1500 gals 15% HCL Acid, 4048 bbls Fresh Slickwater, Running TLTR 56163	



Section 35  
34S 8W

STARKS 3408 4-35H

STARKS 3408 2-35H

FOSTER 3508 1-2H FOSTER 3508 2-2H

STARKS 3408 3-35H

BLUE SWD 3408 1-35

Section 36  
34S 8W

Miss Entry: 5147'  
-98.153182 37.034706  
-----  
Top Perf: 5190'  
-98.153204 37.034542

Harper County

Section 2  
35S 8W

Section 1  
35S 8W

Bottom Perf: 9486'  
-98.152794 37.022961

BHL: 9530'  
-98.152791 37.022788

382' FSL

1871' FEL

Section 11  
35S 8W

LIT TRUST 3508 3-14H

WRIGLEY 2-11 SWD

WRIGLEY 1-11 SWD

Section 12  
35S 8W



Actual Bottom-Hole Location of Foster 3508 2-2H  
Harper County, Kansas

T&R: 35S 8W  
Section: 2, 1871' FEL & 382' FSL  
-98.152791 37.022788

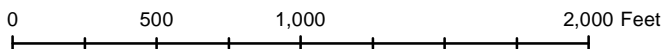
1

< Actual BH Location

| SandRidge Wells

1 in = 667 ft

--- Perf



□ Sections

Draftsman:

Aaron Birk

Draft Date: 5/21/2014

Drawing Name/Number:

Addendum\_Foster 3508 2-2H.mxd

Coordinate System:

NAD 1927 State Plane  
Kansas South FIPS: 1502

## Summary of Changes

Lease Name and Number: Foster 3508 2-2H

API/Permit #: 15-077-22000-01-00

Doc ID: 1206022

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	05/07/2014	05/23/2014
Completion Or Recompletion Date	5/7/2014	5/10/2014
Perf_Depth_1		Attached
Perf_Material_1		Attached
Perf_Record_1		Attached
Perf_Shots_1		Attached
Save Link	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1202180">../..kcc/detail/operatorEditDetail.cfm?docID=1202180</a>	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1206022">../..kcc/detail/operatorEditDetail.cfm?docID=1206022</a>

## Summary of Attachments

Lease Name and Number: Foster 3508 2-2H

API: 15-077-22000-01-00

Doc ID: 1206022

Correction Number: 1

Attachment Name

As Drilled Plat





Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1202180  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed

Form must be Signed

All blanks must be Filled

# CONFIDENTIAL WELL COMPLETION FORM

## WELL HISTORY - DESCRIPTION OF WELL & LEASE

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Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

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