



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1208241
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
-----------------------------------	-----------------	---

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: _____

1208241

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: _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Reggie 3510 1-3
Doc ID	1208241

All Electric Logs Run

Spectral Density Dual Spaced Neutron Log
Array Compensated True Resistivity Log
Compensated Spectral Natural Gamma Ray Log
Microlog

Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Reggie 3510 1-3
Doc ID	1208241

Tops

Name	Top	Datum
Base Heebner	3638	
Lansing	3938	
Cottage Grove	4228	
Swope	4407	
Marmaton	4489	
Oswego	4520	
Pawnee	4580	
Cherokee	4632	
Verdigris	4647	
Mississippian Unconformity	4741	
Kinderhook	5058	
Woodford	5098	
Viola	5168	
Simpson	5256	



INVOICE

DATE	INVOICE #
2/13/2014	4550

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
BARBER, KS	2/12/2014	3463	TOMCAT 2	REGGIE 3510 1-3	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 35' RAT HOLE SHUCK FURNISHED 25' MOUSE HOLE SHUCK FURNISHED WELDER AND MATERIALS FURNISHED 5 YARDS OF GRADE A CEMENT DRILL RAT AND MOUSE HOLES TOTAL BID \$10,850.00

Sales Tax (7.15%)	\$133.85
--------------------------	----------

TOTAL	\$10,983.85
--------------	-------------

JOB SUMMARY			PROJECT NUMBER SOK 3537	TICKET DATE 03/22/14
COUNTY Barber	State Kansas	COMPANY Bridge Exploration & Produc	CUSTOMER REP Shane Morrison	
LEASE NAME Reggie 3510	Well No. 1-3	JOB TYPE Surface	EMPLOYEE NAME marcos quintana	

EMP NAME	Marcos Quintana								
	Wallace Berry								
	David Thomas								
	0.00								

Form. Name _____ Type: _____
 Packer Type _____ Set At **0**
 Bottom Hole Temp. **80** Pressure _____
 Retainer Depth _____ Total Depth **800**

Date	Called Out 3/22/2014	On Location 3/22/2014	Job Started 3/22/2014	Job Completed 3/22/2014
Time	0430	0900	1230	1430

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		36#	9 5/8"		Surface	800
Liner						1,500
Liner						
Tubing			0			
Drill Pipe						
Open Hole			12 1/4"		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.		ln
NE Agent	Gal.		ln
Fluid Loss	Gal/Lb		ln
Gelling Agent	Gal/Lb		ln
Fric. Red.	Gal/Lb		ln
MISC.	Gal/Lb		ln

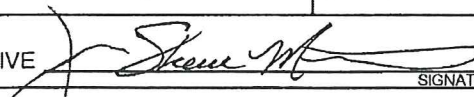
Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
3/22	4.0	3/22	2.0	Surface
Total	4.0	Total	2.0	

Perfpac Balls _____ Qty. _____
 Other _____
 Other _____
 Other _____
 Other _____

Pressures			
MAX	1,500 PSI	AVG.	200
Average Rates in BPM			
MAX	6 BPM	AVG	5
Cement Left in Pipe			
Feet	45	Reason	SHOE JOINT

Cement Data			
Stage	Sacks	Cement	Additives
1	245	TEX Lite Premium Plus 65	(6% Gel) 2% Calcium Chloride - 1/4pps Cello-Flake - .4% C-41P
2	215	Premium Plus (Class C)	2% Calcium Chloride - 1/4pps Cello-Flake
3	*100	Premium Plus (Class C)	*2% Calcium Chloride on side to use if necessary

Summary			
Preflush	_____ Type: FRESH WATER	Preflush: BBI	10.00 Type: Fresh Water
Breakdown	MAXIMUM 1,500 PSI	Load & Bkdn: Gal - BBI	N/A Pad:Bbl -Gal N/A
	Lost Returns-N NO/FULL	Excess /Return BBI	65 Calc.Disp Bbl 59
	Actual TOC SURFACE	Calc. TOC:	SURFACE Actual Disp. 51.00
Average	Bump Plug PSI: NO	Final Circ. PSI:	300 Disp:Bbl _____
ISIF _____ 5 Min. _____ 10 Min _____ 15 Min _____		Cement Slurry: BBI	140.0
		Total Volume BBI	211.00

CUSTOMER REPRESENTATIVE  SIGNATURE

JOB SUMMARY			PROJECT NUMBER SOK 3576	TICKET DATE 03/31/14
COUNTY Barber	State Kansas	COMPANY Sandridge Exploration & Production	CUSTOMER REP Shane	
LEASE NAME Reggie 3510	Well No. 1-3	JOB TYPE Intermediate	EMPLOYEE NAME Arthur Setzer	

EMP NAME	Arthur Setzer	0							
Jared Green									
Joseph Klemm									
Berrie Barkly									

Form. Name _____ Type: _____

Packer Type _____ Set At _____ 0 _____

Bottom Hole Temp. 140 Pressure _____

Retainer Depth _____ Total Depth 5,500'

Date	Called Out 3/30/2014	On Location 3/31/2014	Job Started 3/31/2014	Job Completed 3/31/2014
Time	2000	0100	0350	0700

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		26#	7"		Surface	5,515
Liner						
Liner						
Tubing			0			
Drill Pipe						
Open Hole			8 3/4"		Surface	5,500'
Perforations						Shots/Ft.
Perforations						
Perforations						

Materials			
Mud Type	WBM	Density	Lb/Gal
Disp. Fluid	Fresh Water	8.33	Lb/Gal
Spacer type	Fresh Water BBL.	20	8.33
Spacer type	Caucstic BBL.	10	8.40
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

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
3/31	6.0	3/31	3.0	Intermediate
Total	6.0	Total	3.0	

Perfpac Balls _____ Qty. _____

Other _____

Other _____

Other _____

Other _____

Pressures		
MAX	5,000 PSI	AVG. 950
Average Rates in BPM		
MAX	8 BPM	AVG 6
Cement Left in Pipe		
Feet	44	Reason SHOE JOINT

Cement Data							
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal	
1	360	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	10.48	1.87	12.40	
2	250	Premium Plus (Class C)	0.2% FL-17 - 0.3% C-20 - 0.4% C-41P - 1/4 pps Celloflake	6.32	1.33	14.80	
3	0	0		0	0.00	0.00	0.00

Summary							
Preflush Breakdown	<u>10</u>	Type: _____	Preflush: BBI	<u>30.00</u>	Type: _____	Gel Spacer	
		MAXIMUM _____	Load & Bkdn: Gal - BBI	N/A	Pad:Bbl -Gal	N/A	
		Lost Returns- ^h _____	Excess /Return BBI	N/A	Calc. Disp Bbl	210	
		Actual TOC _____	Calc. TOC: _____	surface	Actual Disp.	210.00	
Average		Bump Plug PSI: _____	Final Circ. PSI: _____	950	Disp:Bbl	210.00	
ISIP _____	5 Min. _____	10 Min. _____	Cement Slurry BBI	<u>176.0</u>			
		15 Min. _____	Total Volume BBI	418.00			

CUSTOMER REPRESENTATIVE Shane M SIGNATURE