

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: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
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> <i>(Submit ACO-4)</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	Lexy SWD 3406 1-19
Doc ID	1208757

Tops

Name	Top	Datum
Base Heebner	3360	
Lansing	3741	
Cottage Grove	3995	
Oswego	4335	
Cherokee	4458	
Verdigris	4477	
Mississippian	4656	
Viola	5128	
Simpson	5135	
Arbuckle	5384	



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

TICKET

TICKET NUMBER: WY-254-1
 TICKET DATE: 03/28/2014

ELECTRONIC

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

YARD: WY WAYNOKA OK
 LEASE: Lexy SWD 3406
 WELL#: 1-19
 RIG #: Horizon 5
 Co/St: HARPER, KS

DESCRIPTION	QUANTITY	RATE	AMOUNT
3/27-28/2014 DRILLED 30" CONDUCTOR HOLE			
3/27-28/2014 20" CONDUCTOR PIPE (.250 WALL)			
3/27-28/2014 6' X 6' CELLAR TINHORN WITH PROTECTIVE RING			
3/27-28/2014 DRILL & INSTALL 6' X 6' CELLAR TINHORN			
3/27-28/2014 DRILLED 20" MOUSE HOLE (PER FOOT)			
3/27-28/2014 16" CONDUCTOR PIPE (.250 WALL)			
3/27-28/2014 MOBILIZATION OF EQUIPMENT & ROAD PERMITTING FEE			
3/27-28/2014 WELDING SERVICES FOR PIPE & LIDS			
3/27-28/2014 PROVIDED EQUIPMENT & LABOR TO ASSIST IN PUMPING CONCRETE			
3/27-28/2014 PROVIDED METAL LIDS (1 FOR CONDUCTOR & 2 FOR MOUSEHOLE PIPE)			
3/27-28/2014 10 YDS OF 10 SACK GROUT			
3/27-28/2014 TAXABLE ITEMS			4,100.00
3/27-28/2014 BID - TAXABLE ITEMS			13,150.00
		Sub Total:	17,250.00
		Tax HARPER COUNTY (6.15 %):	252.15
		TICKET TOTAL:	<u>\$ 17,502.15</u>

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

Approved Signature _____

JOB SUMMARY			PROJECT NUMBER SOK 3617	TICKET DATE 04/15/14
COUNTY Harper	State Kansas	COMPANY Bridge Exploration & Produc	CUSTOMER REP Bill Tomlinson	
LEASE NAME Lexy SWD 3406	Well No. 1-19	JOB TYPE Surface	EMPLOYEE NAME LOUIS ARNEY	

EMP NAME					
Louis Arney					
Vontray Watkins					
Danny Tewell					
Ron Derry					

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

Date	Called Out 4/15/2014	On Location 4/15/2014	Job Started 4/15/2014	Job Completed 4/16/2014
Time	1500	1930	2222	0030

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	Max. Allow
Casing		24#	8 1/4"		Surface	800'	1,500
Liner							
Liner							
Tubing			0				
Drill Pipe							
Open Hole				12 1/4"	Surface	800'	Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials			
	WBM	Density	Lb/Gal
Mud Type		9	
Disp. Fluid	Fresh Water	8.33	Lb/Gal
Spacer type	Fresh 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

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

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
4/15	5.0	4/16	1.0	Surface
Total	5.0	Total	1.0	

Pressures		
MAX	1,500 PSI	AVG. 300
Average Rates in BPM		
MAX	6 BPM	AVG 4
Cement Left in Pipe		
Feet	46	Reason SHOE JOINT

Cement Data				W/Rq.	Yield	Lbs/Gal
Stage	Sacks	Cement	Additives			
1	290	TEX Lite Premium Plus 65	(6% Gel) 2% Calcium Chloride - 1/4pps Cello-Flake - .4% C-41P	11.11	2.01	12.40
2	200	Premium Plus (Class C)	2% Calcium Chloride - 1/4pps 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	Type: _____	MAXIMUM _____	1,500 PSI	Preflush: BBI _____	10.00
	Lost Returns: _____	NO/FULL _____		Load & Bkdn: Gal - BBI _____	N/A
	Actual TOC _____	SURFACE _____		Excess /Return BBI _____	49
Average	Bump Plug PSI: _____	900		Calc. TOC: _____	SURFACE
IS: 5 Min.	10 Min _____	15 Min _____		Final Circ. PSI: _____	425
				Cement Slurry BBI _____	151.0
				Total Volume BBI _____	207.00

CUSTOMER REPRESENTATIVE Bill Tomlinson SIGNATURE

JOB SUMMARY			PROJECT NUMBER SOK 3659	TICKET DATE 04/25/14
COUNTY Harper	State Kansas	COMPANY Sandridge Exploration & Production	CUSTOMER REP Bill Tomlinson	
LEASE NAME Lexy SWD 3406	Well No. 1-19	JOB TYPE Intermediate	EMPLOYEE NAME Arthur Setzer	

EMP NAME	Arthur Setzer	0						
Jared Green								
David Settlemier								
Cody Bonitz								

Form. Name _____ Type: _____

Packer Type _____ Set At 0

Bottom Hole Temp. 155 Pressure _____

Retainer Depth _____ Total Depth 5,464'

Date	Called Out 4/25/2014	On Location 4/25/2014	Job Started 4/25/2014	Job Completed 4/25/2014
Time	0600	1300	1655	1900

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	5,464'
Perforations					Shots/Ft.
Perforations					
Perforations					

Materials			
Mud Type	WBM	Density	Lb/Gal
Disp. Fluid	Fresh Water	8.33	
Spacer type	Fresh Water BBL.	20	8.33
Spacer type	Caustic 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	
4/25	6.0	4/25	2.0	Intermediate
Total	6.0	Total	2.0	

Perpac Balls _____ Qty. _____

Other _____

Other _____

Other _____

Other _____

Other _____

Pressures	
MAX	5,000 PSI
AVG.	850
Average Rates in BPM	
MAX	8 BPM
AVG	5
Cement Left in Pipe	
Feet	84
Reason	SHOE JOINT

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	460	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	<u>10</u>	Type: Caustic	Preflush: BBI	<u>30.00</u>	Type: Gel Spacer
Breakdown		MAXIMUM	Load & Bkdn: Gal - BBI	<u>N/A</u>	Pad:Bbl -Gal <u>N/A</u>
		Lost Returns-N	Excess /Return BBI	<u>N/A</u>	Calc.Disp Bbl <u>125</u>
		Actual TOC	Calc. TOC:	<u>surface</u>	Actual Disp. <u>125.00</u>
Average		Bump Plug PSI:	Final Circ. PSI:	<u>850</u>	Disp:Bbl <u>125.00</u>
ISIP	5 Min.	10 Min.	Cement Slurry BBI	<u>211.0</u>	
		15 Min.	Total Volume BBI	<u>366.00</u>	

CUSTOMER REPRESENTATIVE Bill Tomlinson SIGNATURE

Summary of Changes

Lease Name and Number: Lexy SWD 3406 1-19

API/Permit #: 15-077-22034-00-00

Doc ID: 1208757

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	05/12/2014	06/04/2014
Save Link	../../../../kcc/detail/operatorE ditDetail.cfm?docID=12 02132	../../../../kcc/detail/operatorE ditDetail.cfm?docID=12 08757
Tubing Packer At	5444	5440

Summary of Attachments

Lease Name and Number: Lexy SWD 3406 1-19

API: 15-077-22034-00-00

Doc ID: 1208757

Correction Number: 1

Attachment Name

Cement Tickets

