



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1210144  
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: \_\_\_\_\_

1210144

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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> _____
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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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Forrest SWD 3404 1-7
Doc ID	1210144

Tops

Name	Top	Datum
Base Heebner	3009	-1744
Lansing	3321	-2056
Cottage Grove	3662	-2397
Oswego	4030	-2765
Cherokee	4154	-2889
Verdigris	4177	-2912
Mississippian	4360	-3095
Viola	4790	-3525
Simpson	4793	-3528
Arbuckle	4990	-3725



<b>JOB SUMMARY</b>			PROJECT NUMBER <b>SOK 3695</b>	TICKET DATE <b>05/07/14</b>
COUNTY <b>Sumner</b>	State <b>Kansas</b>	COMPANY <b>Sandridge Exploration &amp; Production</b>	CUSTOMER REP <b>Audie Miller</b>	
LEASE NAME <b>Forrest SWD 3404</b>	Well No. <b>1-7</b>	JOB TYPE <b>Intermediate</b>	EMPLOYEE NAME <b>ROBERT BURRIS</b>	

EMP NAME	<b>Robert Burris</b>								
	<b>Mike Hall</b>								
	<b>Cheryl Newton</b>								
	<b>Robert Stonehocker</b>								

Form. Name \_\_\_\_\_ Type: \_\_\_\_\_  
Packer Type \_\_\_\_\_ Set At **0**  
Bottom Hole Temp. **155** Pressure \_\_\_\_\_  
Retainer Depth \_\_\_\_\_ Total Depth **5115**

Date	Called Out <b>5/7/2014</b>	On Location <b>5/7/2014</b>	Job Started <b>5/7/2014</b>	Job Completed <b>5/7/2014</b>
Time	<b>03:00</b>	<b>06:00</b>	<b>07:45</b>	<b>10:00</b>

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

New/Used		Weight	Size	Grade	From	To	Max. Allow
Casing		17#	5 1/2"		Surface	5,120	5,000
Liner							
Liner							
Tubing			0				
Drill Pipe							
Open Hole			7 7/8"		Surface	5,115	Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials			
Mud Type	WBM	Density	<b>9</b> Lb/Gal
Disp. Fluid	Fresh Water	Density	<b>8.33</b> Lb/Gal
Spacer type	GEL	BBL.	<b>30</b> 8.60
Spacer type		BBL.	
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
Perfpac Balls		Qty.	
Other			
Other			
Other			
Other			
Other			

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
5/7	4.0	5/7	1.3	Intermediate
Total	4.0	Total	1.3	

Pressures			
MAX	5,000 PSI	AVG.	452 PSI
Average Rates in BPM			
MAX	8 BPM	AVG	4.5 BPM
Cement Left in Pipe			
Feet	85 FT	Reason	SHOE JOINT

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	445	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	190	Premium Plus (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		0.00	0.00	0.00

Summary			
Preflush	<b>30.00</b>	Type:	Gel Spacer
Breakdown	MAXIMUM <b>5,000</b> PSI	Load & Bkdn:	Gal - BBI <b>N/A</b>
	Lost Returns <b>NO/FULL</b>	Excess /Return	BBI <b>N/A</b>
	Actual TOC	Calc. TOC:	Actual Disp. <b>117.00</b>
Average	Bump Plug PSI: <b>1,200</b>	Final Circ. PSI:	<b>725</b>
ISIF <b>5</b> Min.	10 Min _____ 15 Min _____	Cement Slurry BBI	<b>204.0</b>
		Total Volume BBI	<b>351.00</b>

CUSTOMER REPRESENTATIVE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

# JOB SUMMARY

<b>PROJECT NUMBER</b> SOK 3677			<b>TICKET DATE</b> 05/01/14		
<b>COUNTY</b> Sumner		<b>State</b> Oklahoma		<b>COMPANY</b> Bridge Exploration & Produc	
<b>LEASE NAME</b> Forrest SWD 3404				<b>WELL No.</b> 1-7	
<b>JOB TYPE</b> Surface				<b>EMPLOYEE NAME</b> marcos quintana	
<b>CUSTOMER REP</b> Bill Tomlinson					

<b>EMP NAME</b>	Marcos Quintana	0			
	Wallace Berry				
	David Thomas				
	0.00				

Form. Name \_\_\_\_\_ Type: \_\_\_\_\_

Packer Type \_\_\_\_\_ Set At \_\_\_\_\_ 0

Bottom Hole Temp. \_\_\_\_\_ 80 Pressure \_\_\_\_\_

Retainer Depth \_\_\_\_\_ Total Depth \_\_\_\_\_ 600

Date	Called Out	On Location	Job Started	Job Completed
	5/1/2014	5/1/2014	5/1/2014	5/1/2014
Time	0600	0830	1130	1230

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	Max. Allow
Casing	24#	8 1/2"		Surface	600	1,500
Liner						
Liner						
Tubing		0				
Drill Pipe						
Open Hole			12 1/4"	Surface	600	Shots/Ft.
Perforations						
Perforations						
Perforations						

Materials			
Mud Type	WBM	Density	Lb/Gal
Disp. Fluid	Fresh Water	8.33	
Spacer type	Fresh Water BBL.	10	8.33
Spacer type	BBL.		
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	
5/1	4.0	5/1	1.0	Surface
Total	4.0	Total	1.0	

Perfpac Balls \_\_\_\_\_ Qty. \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Pressures		
MAX	1,500 PSI	AVG. 150
Average Rates in BPM		
MAX	6 BPM	AVG 4
Cement Left in Pipe		
Feet	46	Reason SHOE JOINT

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	195	EX Lite Premium Plus 65	(6% Gel) 2% Calcium Chloride - 1/2pps Cello-Flake - .4% C-41P	11.11	2.01	12.40
2	150	Premium Plus (Class C)	2% Calcium Chloride - 1/2pps 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	_____	Type: _____	Preflush: BBI	10.00	Type: Fresh Water
Breakdown	_____	MAXIMUM _____	Load & Bkdn: Gal - BBI	N/A	Pad:Bbl -Gal N/A
	_____	Lost Returns-In _____	Excess /Return BBI	38	Calc.Disp Bbl 33
	_____	Actual TOC _____	Calc. TOC: _____	SURFACE	Actual Disp. 33.00
Average	_____	Bump Plug PSI: _____	Final Circ. PSI: _____	200	Disp:Bbl _____
IS P _____	5 Min. _____	10 Min. _____	Cement Slurry: BBI	105.0	
		15 Min _____	Total Volume BBI	148.00	

CUSTOMER REPRESENTATIVE \_\_\_\_\_ SIGNATURE \_\_\_\_\_





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

# TICKET

TICKET NUMBER: WY-270-1  
 TICKET DATE: 04/26/2014

**ELECTRONIC**

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

YARD: WY WAYNOKA OK  
 LEASE: Forrest SWD 3404  
 WELL#: 1-7  
 RIG #: Tomcat 2  
 Co/St: SUMNER, KS

DESCRIPTION	QUANTITY	RATE	AMOUNT
4/26/2014 DRILLED 30" CONDUCTOR HOLE			
4/26/2014 20" CONDUCTOR PIPE (.250 WALL)			
4/26/2014 6' X 6' CELLAR TINHORN WITH PROTECTIVE RING			
4/26/2014 DRILL & INSTALL 6' X 6' CELLAR TINHORN			
4/26/2014 DRILLED 20" MOUSE HOLE (PER FOOT)			
4/26/2014 16" CONDUCTOR PIPE (.250 WALL)			
4/26/2014 DRILLED 20" RATHOLE (PER FOOT)			
4/26/2014 MOBILIZATION OF EQUIPMENT & ROAD PERMITTING FEE			
4/26/2014 WELDING SERVICES FOR PIPE & LIDS			
4/26/2014 PROVIDED EQUIPMENT & LABOR TO ASSIST IN PUMPING CONCRETE			
4/26/2014 PROVIDED METAL LIDS (1 FOR CONDUCTOR & 2 FOR MOUSEHOLE PIPE)			
4/26/2014 10 YDS OF 10 SACK GROUT			
4/26/2014 TAXABLE ITEMS			4,800.00
4/26/2014 BID - TAXABLE ITEMS			12,450.00
		Sub Total:	17,250.00
		Tax SUMNER COUNTY (6.65 %):	319.20
		TICKET TOTAL:	<u>\$ 17,569.20</u>

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

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