



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1212100
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: _____

1212100

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. <i>(Submit ACO-5)</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	Evan B SWD 3405 1-11
Doc ID	1212100

Tops

Name	Top	Datum
Base Heebner	3046	-1779
Lansing	3467	-2200
Cottage Grove	3686	-2419
Oswego	4056	-2789
Cherokee	4171	-2904
Verdigris	4189	-2922
Miss Unconformity	4390	-3123
Kinderhook	4700	-3433
Woodford	4762	-3495
Viola	4778	-3511
Simpson Shale	4866	-3599
Oil Creek	4933	-3666
Arbuckle	4978	-3711

ALLIED OIL & GAS SERVICES, LLC 062811

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
McCo Lodge K

DATE <u>4-16-19</u>	SEC <u>11</u>	TWP. <u>34</u>	RANGE <u>5</u>	CALLED OUT <u>9:30 A.M</u>	ON LOCATION <u>7:00</u>	JOB START <u>4:30</u>	JOB FINISH <u>8:15</u>
LEASE <u>Evan B SWD</u> WELL # <u>3405-1-11</u>			LOCATION <u>Anthony Ks</u>		COUNTY <u>WAGNER</u>	STATE <u>Ks</u>	
OLD OR <u>NEW</u> (Circle one)			<u>12 E 35 W & into</u>				

CONTRACTOR Horizon 5
 TYPE OF JOB 5/2 L.S.
 HOLE SIZE 7 7/8 T.D. 5212
 CASING SIZE 5 1/2 17" DEPTH 5210
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 81
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT 119 Bbls total

EQUIPMENT

PUMP TRUCK CEMENTER T SEGA
 # 548-545 HELPER Justin B
 BULK TRUCK
 # 819-823 DRIVER James B
 BULK TRUCK
 # 381-252 DRIVER Robert J

REMARKS:

Run 119 2 1/2 5 1/2 17" csg set 5210
ps: test lines
Pump 3 Bbls H2O 30 Bbls ASP 3 Bbl H2O
Mix 1 Pump 475 ex Lean @ 12.8 1/9 gal
Mix 1 Pump 150 ex Jark @ 14.5 1/9 gal
Disp 119 Bbls total Flg dam 7:15 1350-2000
Lost circ for 20 122 Bbls out on Lean slow rate 3 BPM
full Returns thru jobs

CHARGE TO: SANDOLPH'S ENERGY
 STREET _____
 CITY _____ STATE _____ ZIP _____

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 Doug Langley
 SIGNATURE Doug Langley

OWNER Sandolph's ENERGY
 CEMENT
 AMOUNT ORDERED 475 ex 6 1/2 1/35 6 1/2 1/2 gal
.4% FL-160 3 1/2 1/2 KOSCAL 150.5 ex A 2 1/2 1/2 gal
.6% FL-160 .14% 6-45 5 1/2 1/2 KOSCAL

COMMON A 150 ex	@ 17.90	2685.00
ALW 475 ex	@ 16.50	7837.50
FL-160 251 =	@ 18.90	4743.90
Gilsante 2175 =	@ .98	2131.50
Gel 6 ex	@ 23.40	140.40
ASF 30 Bbls		
AFE Number: <u>DC13732</u>		<u>1761.00</u>

Well Name: Evan B SWD 3405 1-11
 Code: 850-380 @ _____
 Amount: 20,080.46
 Co. Men: Doug Langley
 Co. Men Sig: Doug Langley
 Nc: _____ @ _____
C-LS 15 # @ 3.47 52.05

5805.40 - 30% TOTAL 19351.35

SERVICE

DEPTH OF JOB	<u>5210-60</u>	
PUMP TRUCK CHARGE	<u>3099.25</u>	
EXTRA FOOTAGE	@	
MILEAGE	<u>40</u>	@ 4.40 176.60
MANIFOLD	@	275.00
Circulating Iron (1)	@ 450.00	450.00
HV Vehicle	40.00	@ 1.70 308.00
Handling	721.30	2.48 1788.83
Drayage	1262.51/2-60	3152.53
		TOTAL 9249.61
<u>2774.88 - 30%</u>		

PLUG & FLOAT EQUIPMENT

1 TOP Rubber Plug 5/2	@	85.41
	@	
	@	
	@	
	@	
<u>25-62 - 30%</u>		
		TOTAL 85.41

SALES TAX (If Any) _____
 TOTAL CHARGES 28,686.37
 DISCOUNT _____ IF PAID IN 30 DAYS

Net - 20,080.45



SandRidge Energy
Evan B #3405 1-11 SWD
Harper County, KS.

1.0 Executive Summary

Allied Oil & Gas Services would like to thank you, for the award of the provision of cementing products and services on the well Evan B #3405 1-11 SWD Surface Casing.

A pre-job meeting was held to discuss job details, review the safety hazards, potential environmental impact and established emergency procedures.

Allied started the job testing lines to 1500 psi. After a successful test we began the job by pumping 10 bbls of preflush spacer. We then mixed and pumped the following cements:

67 Bbls (200 sacks) of 12.7 ppg Lead slurry:
Class A poz Blend
6% Gel
2% CC
¼# Floseal

33 Bbls (155 sacks) of 15.6 ppg Tail slurry
Class A
2% CC
¼ # Floseal

The top plug was then released and displaced with 37.5 Bbls of fresh water. The plug bumped and pressured up to 800 psi. Pressure was released and floats held.

All real time data is shown on the graph in the attachment section.

Allied Oil & Gas Services remains committed to provide operational excellence and superior product performance. All comments and suggestions are greatly appreciated and help us to continue to provide this level of service.

Again we want to thank you for the opportunity to perform these and your future cementing & acidizing service needs.



INVOICE

DATE	INVOICE #
4/7/2014	4690

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
HARPER, KS	4/7/2014	3568	HORIZON 5	EVANS SWD 10-11	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 DRILL MOUSE HOLE FURNISHED 25' OF 16" CONDUCTOR PIPE TOTAL BID \$10.350.00	
Sales Tax (6.15%)	\$96.37

TOTAL	\$10,446.37
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