



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1215986
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: _____

1215986

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

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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Ritter SWD 3404 1-22
Doc ID	1215986

Tops

Name	Top	Datum
Base Heebner	3005	
Lansing	3326	
Cottage Grove	3689	
Swope	3896	
Marmation	4037	
Oswego	4050	
Pawnee	4128	
Cherokee	4184	
Verdigris	4217	
Mississippian	4436	
Kinderhook	4730	
Simpson	4810	
Arbuckle	5014	

JOB SUMMARY			PROJECT NUMBER SOK 3585	TICKET DATE 04/03/14
COUNTY Sumner	State Kansas	COMPANY Dridge Exploration & Produc	CUSTOMER REP 0	
LEASE NAME Ritter SWD 3404	Well No. 1-22	JOB TYPE Surface	EMPLOYEE NAME Arthur Setzer	

EMP NAME							
Arthur Setzer							
Jared Green							
David Settlemer							
0.00							

Form. Name _____ Type: _____
 Packer Type _____ Set At **0**
 Bottom Hole Temp. **80** Pressure _____
 Retainer Depth _____ Total Depth **517**

	Called Out	On Location	Job Started	Job Completed
Date	4/2/2014	4/3/2014	4/3/2014	4/3/2014
Time	2200	0600	1035	1200

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
Casing		24#	8 1/2"		Surface	520
Liner						
Liner						
Tubing			0			
Drill Pipe						
Open Hole			12 1/4"		Surface	517
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	

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

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
4/3	6.0	4/3	2.0	Surface
Total	6.0	Total	2.0	

Pressures		
MAX	1,500 PSI	AVG 135
Average Rates in BPM		
MAX	6 BPM	AVG 5
Cement Left in Pipe		
Feet	46	Reason SHOE JOINT

Cement Data				W/Rq.	Yield	Lbs/Gal
Stage	Sacks	Cement	Additives			
1	165	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	_____	Type: _____	Preflush:	BBI	10.00
Breakdown	_____	MAXIMUM	Load & Bkdn:	Gal - BBI	N/A
	_____	Lost Returns- N	Excess /Return	BBI	50
	_____	Actual TOC	Calc. TOC:		SURFACE
Average	_____	Bump Plug PSI:	Final Circ.	PSI:	135
ISIP	5 Min. _____	10 Min _____	Cement Slurry	BBI	106.0
		15 Min _____	Total Volume	BBI	146.00

CUSTOMER REPRESENTATIVE Bill Tomlinson SIGNATURE

JOB SUMMARY

PROJECT NUMBER **SOK 3604** TICKET DATE **04/09/14**

COUNTY **Sumner** State **Kansas** COMPANY **Sandridge Exploration & Production**

CUSTOMER REP **Bill Tomlinson**

LEASE NAME **Ritter SWD 3404** Well No **1-22** JOB TYPE **Intermediate**

EMPLOYEE NAME **Eric Parsons**

EMP NAME	0				
Eric Parsons					
Bryan Douglas					
Flo Helkena					
Paul Thomas					

Form. Name _____ Type: _____
 Packer Type _____ Set At **0**
 Bottom Hole Temp. **155** Pressure _____
 Retainer Depth _____ Total Depth **5155**

Date	Called Out	On Location	Job Started	Job Completed
		4/9/2014	4/9/2014	4/9/2014
Time		1:00am	6:00am	8:00am

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

	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing		17#	5 1/2"		Surface	5,156	6,000
Liner							
Liner							
Tubing			0				
Drill Pipe							
Open Hole			7 7/8"		Surface	5,155	Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials			
Mud Type	WBM	Density	9 Lb/Gal
Disp. Fluid	Fresh Water	Density	8.33 Lb/Gal
Spacer type	resh Water BBL.		20 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	
4/9	7.0	4/9	2.0	Intermediate
Total	7.0	Total	2.0	

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

Pressures	
MAX 4,000 PSI	AVG. 300
Average Rates in BPM	
MAX 8 BPM	AVG 3
Cement Left in Pipe	
Feet 84	Reason SHOE JOINT

Cement Data			Additives	W/Rq.	Yield	Lbs/Gal
Stage 1	Sacks 400	Cement 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 Celloflak	11.04	2.01	12.40
Stage 2	Sacks 190	Cement 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
Stage 3	Sacks 0	Cement 0		0	0.00	0.00

Summary			
Preflush Breakdown	Type: _____	Preflush: BBI	30.00
	MAXIMUM _____	Load & Bkdn: Gal - BBI	N/A
	Lost Returns-N _____	Excess /Return BBI	N/A
	Actual TOC _____	Calc. TOC:	
Average	Bump Plug PSI: 1,500	Final Circ. PSI:	850
iSIP _____ 5 Min. _____	10 Min _____	Cement Slurry: BBI	188.0
	15 Min _____	Total Volume BBI	335.00

CUSTOMER REPRESENTATIVE Bill Tomlinson SIGNATURE



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

TICKET

TICKET NUMBER: WY-252-1
 TICKET DATE: 04/28/2014

ELECTRONIC

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

YARD: WY WAYNOKA OK
 LEASE: Ritter SWD 3404
 WELL#: 1-22
 RIG #: Tomcat 2
 Co/St: SUMNER, KS

DESCRIPTION	QUANTITY	RATE	AMOUNT
4/27-28/2014 DRILLED 30" CONDUCTOR HOLE			
4/27-28/2014 20" CONDUCTOR PIPE (.250 WALL)			
4/27-28/2014 6' X 6' CELLAR TINHORN WITH PROTECTIVE RING			
4/27-28/2014 DRILL & INSTALL 6' X 6' CELLAR TINHORN			
4/27-28/2014 DRILLED 20" MOUSE HOLE (PER FOOT)			
4/27-28/2014 16" CONDUCTOR PIPE (.250 WALL)			
4/27-28/2014 DRILLED 20" RATHOLE (PER FOOT)			
4/27-28/2014 MOBILIZATION OF EQUIPMENT & ROAD PERMITTING FEE			
4/27-28/2014 WELDING SERVICES FOR PIPE & LIDS			
4/27-28/2014 PROVIDED EQUIPMENT & LABOR TO ASSIST IN PUMPING CONCRETE			
4/27-28/2014 PROVIDED METAL LIDS (1 FOR CONDUCTOR & 2 FOR MOUSEHOLE PIPE)			
4/27-28/2014 9 YDS OF 10 SACK GROUT			
4/27-28/2014 TAXABLE ITEMS			4,840.00
4/27-28/2014 BID - TAXABLE ITEMS			12,410.00
		Sub Total:	17,250.00
		Tax SUMNER COUNTY (6.65 %):	321.86
		TICKET TOTAL:	<u>\$ 17,571.86</u>

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

Approved Signature _____