



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1216634
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: _____

1216634

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	Jellison A 3319 6-5
Doc ID	1216634

Tops

Name	Top	Datum
Base Anhydrite	2356	
Base Heebner Shale Marker	4172	
Top Lansing Limeswtone Group	4346	
Top Marmaton Limestone Group	4868	
Top Oswego Limestone	4911	
Top Pawnee Limestone	4954	
Top Cherokee Shale marker	4986	
Top Morrow/Miss Unconformity	5083	
Top mississippi Carbonates (Meramec)	5140	
Top Mississippi 'B' Marker (Osage)	5440	
Kinderhook/Base Mississippi Carbonates	5896	
Top Viola Carbonates	5898	

Field Ticket Number: 0901414935	Field Ticket Date: Monday, June 09, 2014	Planning Order #: NA
Bill To: SANDRIDGE ENERGY INC EBUSINESS, PO BOX 548807 - DO NOT MAIL, OKLAHOMA CITY, OK, 73154	Job Name: 2.875 SQUEEZE PERFS Order Type: ZOH Well Name: JELLISON A-3319 6-5 Company Code: 1100 Customer PO No.: NA Shipping Point: WOODWARD Shipping Point Sales Office: MID-CONTINENT BD Well Type: VERTICAL OIL Well Category: Development	
Ship To: JELLISON A 3319 6-5,COMANCHE, PROTECTION, KS, 67127		

Material	Description	QTY	UOM	Unit Amount	Gross Amount	Discount	Net Amount
7526	CMT SQUEEZE PERFORATIONS BOM	1	JOB	0.00	0.00		0.00
2	MILEAGE FOR CEMENTING CREW <i>Number of Units</i>	300 1	MI	5.76	1,728.00	846.72	881.28
1	ZI-MILEAGE FROM NEAREST HES BASE,/UNIT <i>Number of Units</i>	300 1	MI	9.79	2,937.00	1439.13	1,497.87
16097	SQUEEZE PUMPING CHARGE,ZI <i>FEET/METERS (FT/M)</i> <i>DEPTH</i>	1 5100	EA	9,856.00	9,856.00	4829.44	5,026.56
86954	ZI FUEL SURCHG-CARS/PICKUPS<1 1/2TON <i>Number of Units</i>	300 1	MI	0.23	69.00	33.81	35.19
86955	ZI FUEL SURCHG-HEAVY TRKS >1 1/2 TON <i>Number of Units</i>	300 1	MI	0.68	204.00	99.96	104.04
87605	FUEL SURCHG-CMT & CMT ADDITIVES <i>NUMBER OF TONS</i>	150 5.217	MI	1.20	179.99	88.20	91.79
100003687	CEM,CLASS H / PREMIUM, BULK <i>Premium Cement</i>	100	SK	48.19	4,819.00	2361.31	2,457.69
101509387	CHEM, CALCIUM CHLORIDE-PELLET, 50 LB SK <i>Calcium Chloride, Pellet</i>	2	SK	180.30	360.60	176.69	183.91
101217146	Chem- Calseal 60 (50 # bag) <i>Cal-Seal 60</i>	19	SK	55.80	1,060.20	519.50	540.70
76400	MILEAGE,CMT MTLs DEL/RET MIN <i>NUMBER OF TONS</i>	150 5.217	MI	17.48	2,621.54	1284.55	1,336.99
3965	HANDLE&DUMP SVC CHRg, CMT&ADDITIVES,ZI <i>NUMBER OF EACH</i> <i>Unit of Measurement</i>	114 1 EA	CF	5.49	625.86	306.67	319.19
100008028	CHEM, SUGAR,GRANULATED, 50LB BAG	100	LB	6.96	696.00	341.04	354.96
45	SPEC EQUIP CHRg, NO PRICE ESTABLISHED ZI	1	EA	-1,000.00	-1,000.00		-1,000.00
Totals USD					\$ 24,157.19	\$ 12,327.02	\$ 11,830.17

HALLIBURTON

Original

Field Ticket Signature

Field Ticket Number: 0901414935	Field Ticket Date: Monday, June 09, 2014	Planning Order #: NA
Bill To: SANDRIDGE ENERGY INC EBUSINESS, PO BOX 548807 - DO NOT MAIL, OKLAHOMA CITY, OK, 73154	Job Name: 2875 SQUEEZE PERF6 Order Type: ZOH Well Name: JELLISSON A-3319 6-8 Company Code: 1100 Customer PO No.: NA	Shipping Point: WOODWARD Shipping Point Sales Office: MID-CONTINENT BD Well Type: VERTICAL OIL Well Category: Development
Ship To: JELLISSON A 3319 6-8,COMANCHE, PROTECTION, KS, 67127		

THIS OUTPUT DOES NOT INCLUDE TAXES. APPLICABLE SALES TAX WILL BE BILLED ON THE FINAL INVOICE. CUSTOMER HEREBY ACKNOWLEDGES RECEIPT OF THE MATERIALS AND SERVICES DESCRIBED ABOVE ON ANY PRECEDING PAGES, AND ATTACHED DOCUMENTS

Gross Amount Total:	\$ 24,157.19
Item Discount Total:	\$ 12,327.02
Net Amount Total:	\$ 11,830.17 USD

Randy Mabey

 Customer Representative Signature:

_____ Date:

RANDY
Customer Representative

Brian Parrin
Halliburton Representative

Was our HSE performance satisfactory? (Health, Safety, Environment)

Yes No

Were you satisfied with our equipment?

Yes No

Were you satisfied with our people?

Yes No

Comments:

