



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1219712
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: _____

1219712

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

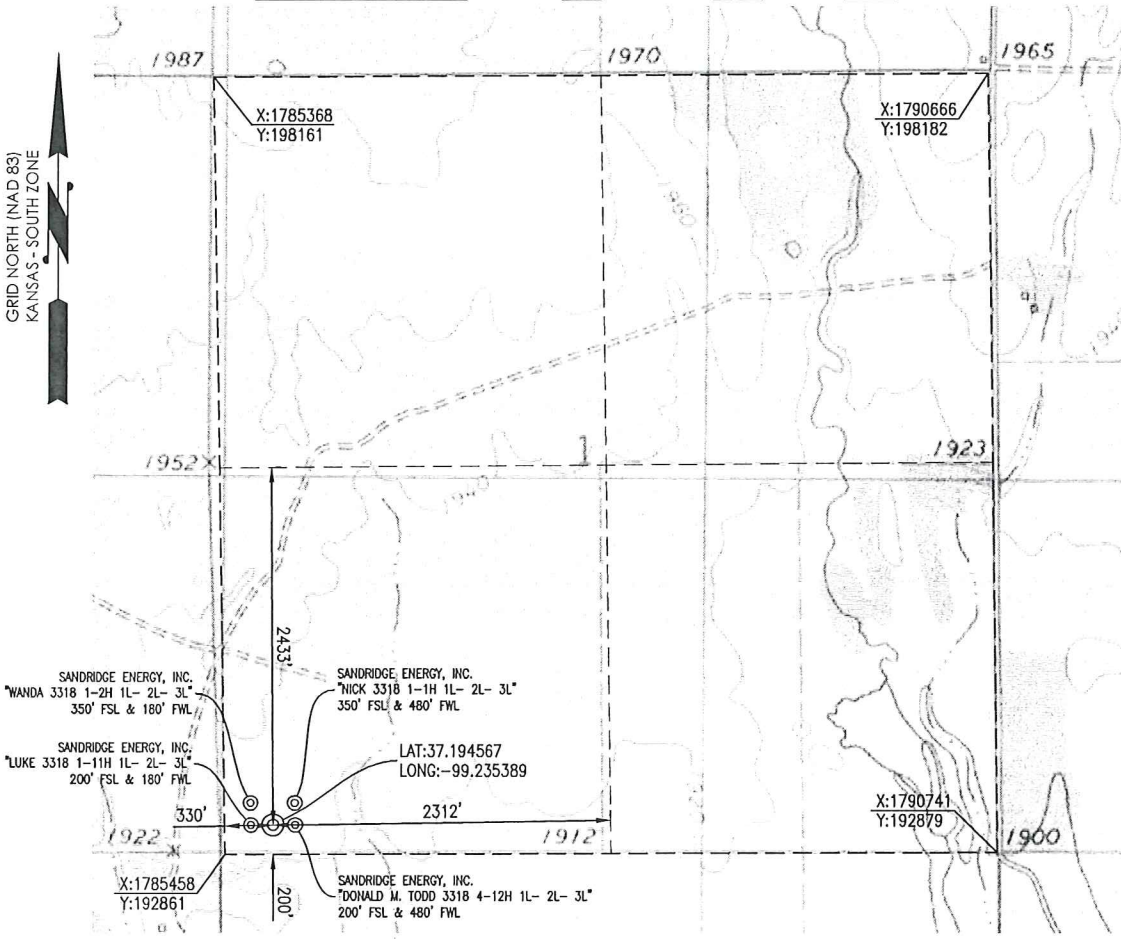
DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> 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	Pratt SWD 3318 1-1
Doc ID	1219712

Tops

Name	Top	Datum
Base Heebner Shale Marker	4222	
Top Lansing Limestone Group	4406	
Top Oswego Limestone	4956	
Top Cherokee Shlae Marker	5038	
Top Mississippi Cabonates (Meramec)	5131	
Top Viola Carbonate	5692	
Top Simpson Dolostones/Sands	5866	
Top Arbuckle Dolostone	5990	

COMANCHE COUNTY, KANSAS
 200' FSL- 330' FWL SECTION 1 TOWNSHIP 33S RANGE 18W 6TH P.M.



OPERATOR: SANDRIDGE ENERGY, INC. WELL NO: 1-1

LEASE NAME: PRATT SWD 3318

ELEVATION:
 1932' GR. AT STAKE

TOPOGRAPHIC & VEGETATION: LOCATION FELL IN A FIELD

GOOD DRILL SITE: YES REFERENCE STAKES OR ALTERNATE LOCATION STAKES SET: NONE

BEST ACCESSIBILITY TO LOCATION: SOUTH LINE

DISTANCE & DIRECTION
 FROM HWY JCT OR TOWN: FROM THE JCT. OF US-160 & ROAD 19 (±6.0 MILES EAST OF COLDWATER, KS) TRAVEL SOUTH ON ROAD 19 FOR ±6.0 MILES TO THE SOUTHEAST CORNER OF SECTION 1, T33S-R18W.

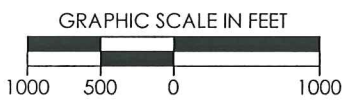



(THE FOLLOWING INFORMATION WAS GATHERED USING A GPS RECEIVER ACCURACY ±2-3 METERS)

GPS DATUM: NAD-27
 LAT: 37.194567
 LONG: -99.235389

STATE PLANE COORDINATES:
 ZONE: KS-SOUTH NAD-27
 X: 1785784.9
 Y: 193062.6

GENERAL NOTES:
 THE TIES AND FOOTAGES SHOWN ON THIS PLAT ARE FROM LINES OF OCCUPATION FROM A SURVEY MADE ON THE GROUND AND / OR BEARING AND DISTANCES FROM THE GENERAL LAND OFFICE PLAT OF THE AREA SHOWN AND MAY NOT BE THE ACTUAL PROPERTY CORNERS. THIS PLAT DOES NOT REPRESENT A TRUE BOUNDARY SURVEY. DRILL SITE CONDITION DETERMINATIONS WERE MADE BY SANDRIDGE ENERGY INC. REPRESENTATIVES.



REVISION	 "PRATT SWD 3318 1-1" PART OF THE SW1/4 OF SECTION 1, T-33-S, R-18-W PROPOSED DRILL SITE COMANCHE COUNTY, KANSAS			
△ MOVED SHL (05-14-2014)				
	SCALE: 1" = 1000'	PLOT DATE: 05-15-2014	DRAWN BY: MF	SHEET NO.: 1 OF 3



Invoice

Date	Invoice #
8/1/2014	2924

P.O. Box 1570
Woodward, OK 73802

Phone: (580)254-5400

Fax: (580)254-3242

Bill To
SandRidge Energy, Inc. Attn: Purchasing Mgr. 123 Robert S. Kerr Avenue Oklahoma City, OK. 73102

Ordered By	Terms	Date of Service	Lease Name/Legal Desc.	Drilling Rig
Carl Miller	Net 30	8/1/2014	Pratt SWD 3318 1-1, Comanche Cnty, KS	Tomcat 2

Item	Quantity	Description	
Conductor Hole	100	Drilled 100 ft. conductor hole.	
20" Pipe	100	Furnished 100 ft. of 20 inch conductor pipe.	
Rat & Mouse Holes	1	Drilled rat hole and mouse hole.	
Rat Hole Shuck	1	Furnished rat hole shuck.	
Mouse Hole Shuck	1	Furnished mouse hole shuck.	
Cellar Hole	1	Drilled 6x6 cellar hole.	
6' X 6' Tinhorn	1	Furnished and set 6x6 tinhorn.	
Mud and Water	1	Furnished mud and water.	
Transport Truck - Conductor	1	Transport mud and water to location.	
Grout & Trucking	9	Furnished 9 yards of grout and trucking to location.	
Grout Pump	1	Furnished grout pump.	
Fence Panels	1	Furnished and set safety netting around holes.	
Welder & Materials	1	Furnished welder and materials.	
Dirt Removal	1	Labor and equipment for dirt removal.	
Cover Plate	1	Furnished cover plates.	
Permits	1	Permits	
		Subtotal	\$15,000.00
		Sales Tax (0.0%)	\$0.00
		Total	\$15,000.00

JOB SUMMARY			PROJECT NUMBER SOK 4038	TICKET DATE 08/09/14
COUNTY Comanche	State Oklahoma	COMPANY Bridge Exploration & Produc	CUSTOMER REP Audie Miller	
LEASE NAME Pratt SWD 3318	Well No. 1-1	JOB TYPE Surface	EMPLOYEE NAME Rocky Anthis	

EMP NAME	Rocky Anthis	Ron Derry			
	Kyle Laskowitz	Chris Lewis			
	Roy Morris	Steve croler			
	Chris Looney				

Form. Name _____ Type: _____
 Packer Type _____ Set At 0
 Bottom Hole Temp. 80 Pressure _____
 Retainer Depth _____ Total Depth 900

Date	Called Out 8/8/2014	On Location 8/8/2014	Job Started 8/8/2014	Job Completed 8/8/2014
Time	14:00	16:00	6:00	11:00

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		24#	8 5/8"		Surface	881	1,500
Liner							
Liner							
Tubing			0				
Drill Pipe							
Open Hole			12 1/4"		Surface	875	Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials			
Mud Type	WBM	Density	9 Lb/Gal
Disp. Fluid	Fresh Water	Density	8.33 Lb/Gal
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	
8/8	19.0	8/8	2.0	Surface
Total	19.0	Total	2.0	

Perfac Balls _____ Qty. _____
 Other _____
 Other _____
 Other _____
 Other _____

Pressures		
MAX	1,500 PSI	AVG.
Average Rates in BPM		
MAX	6 BPM	AVG 5
Cement Left in Pipe		
Feet	45	Reason SHOE JOINT

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	280	TEX Lite Premium Plus 65	(6% Gel) 2% Calcium Chloride - 1/4pps Cello-Flake - .4% C-41P	11.11	2.01	12.40
2	250	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	10.00	Type:	Fresh Water	Preflush:	BBI
Breakdown		MAXIMUM	1,500 PSI	Load & Bkdn:	Gal - BBI
		Lost Returns-#	NO/FULL	Excess /Return	BBI
		Actual TOC	SURFACE	Calc. TOC:	
Average		Bump Plug PSI:	700	Final Circ. PSI:	200
ISIP 5 Min.		10 Min	15 Min	Cement Slurry BBI	159.0
				Total Volume BBI	222.00

CUSTOMER REPRESENTATIVE *Audie Miller* SIGNATURE *Rocky Anthis*

JOB SUMMARY			PROJECT NUMBER SOK 4068	TICKET DATE 08/18/14
COUNTY Comanche	State Kansas	COMPANY Sandridge Exploration & Production	CUSTOMER REP 0	
LEASE NAME Pratt SWD 3318	Well No. 1-1	JOB TYPE Intermediate	EMPLOYEE NAME marcos quintana	

EMP NAME	Marcos Quintana	Jacob J			
	Wallace Berry				
	David Settlementier				
	ronald d				

Form. Name _____ Type: _____
 Packer Type _____ Set At 0
 Bottom Hole Temp. 155 Pressure _____
 Retainer Depth _____ Total Depth 6045'

Date	Called Out	On Location	Job Started	Job Completed
	8/17/2014	8/17/2014	8/17/2014	8/17/2014
Time	0900	1500	2200	2400

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
Casing	17#	5 1/2		Surface	
Liner					
Liner					
Tubing		0			
Drill Pipe					
Open Hole		7 5/6		Surface	6045'
Perforations					Shots/Ft.
Perforations					
Perforations					

Materials			
Mud Type	WBM	Density	Lb/Gal
Disp. Fluid	Fresh Water	8.33	
Spacer type	gel BBL.	30	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	
8/17	8.0	8/17	2.0	Intermediate
Total	8.0	Total	2.0	

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

Pressures		
MAX	5,000 PSI	AVG 500
Average Rates in BPM		
MAX	8 BPM	AVG 6
Cement Left in Pipe		
Feet	85	Reason SHOE JOINT

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	515	EX Lite Premium Plus 65	6% Gel - 0.2% FL-17 - 0.2% C-20 - 0.4% C-41P - 1/4 pps Celloflake	11.04	2.01	12.40
2	195	Premium Plus (Class C)	0.2% FL-17 - 0.4% 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 Breakdown	Type: _____	Preflush: BBI	30.00
	MAXIMUM 5,000 PSI	Load & Bkdn: Gal - BBI	N/A
	Lost Returns-N NO/FULL	Excess /Return BBI	N/A
	Actual TOC	Calc. TOC:	tail@ 4617
Average	Bump Plug PSI: 1.750	Final Circ. PSI:	1.250
i SIP 5 Min.	10 Min. _____	Cement Slurry: BBI	230.6
	15 Min. _____	Total Volume BBI	398.65

CUSTOMER REPRESENTATIVE _____
 SIGNATURE _____