

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1231658  
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: \_\_\_\_\_

1231658



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: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
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. <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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**INVOICE**

DATE	INVOICE #
10/14/2014	5186

<b>BILL TO</b>
SANDRIDGE ENERGY, INC. ATTN: PURCHASING MANAGER 123 ROBERT S. KERR AVENUE OKLAHOMA CITY, OK 73102

<b>REMIT TO</b>
EDGE SERVICES, INC. PO BOX 609 WOODWARD, OK 73802

COUNTY	STARTING D...	WORK ORDER	RIG NUMBER	LEASE NAME	Terms
HARPER	10/8/2014	3782	LARIAT #40	CAROTHERS 3206 2-34H	Due on rec...
Description					
DRILLED 90' OF 30" CONDUCTOR HOLE DRILLED 6' OF 76" HOLE FURNISHED AND SET 6' X 6' TINHORN CELLAR FURNISHED 90' OF 20" CONDUCTOR PIPE FURNISHED WELDER AND MATERIALS FURNISHED 9 YARDS OF 10 SACK GROUT FOR CONDUCTOR HOLE FURNISHED 4 YARDS OF 10 SACK GROUT FOR MOUSE HOLE DRILL MOUSE HOLE FURNISHED 80' OF 16" CONDUCTOR PIPE  TOTAL BID \$18,000.00					
<b>Sales Tax (6.5%)</b>					\$271.18
<b>TOTAL</b>					\$18,271.18

<b>JOB SUMMARY</b>			PROJECT NUMBER <b>SOK 4393</b>	TICKET DATE <b>10/27/14</b>
COUNTY <b>Harper</b>	State <b>Kansas</b>	COMPANY <b>Dridge Exploration &amp; Produc</b>	CUSTOMER REP <b>Rex Roghair</b>	
LEASE NAME <b>Carothers 3206</b>	Well No. <b>2-34H</b>	JOB TYPE <b>Surface</b>	EMPLOYEE NAME <b>John Hall</b>	

EMP NAME	John Hall				
	Roy Morris				
	Flo Helkena				
	0.00				

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

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

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

Retainer Depth \_\_\_\_\_ Total Depth \_\_\_\_\_ 700 \_\_\_\_\_

Date	Called Out <b>10/27/2014</b>	On Location <b>10/27/2014</b>	Job Started <b>10/27/2014</b>	Job Completed <b>10/27/2014</b>
Time	<b>130pm</b>	<b>500am</b>	<b>1030am</b>	<b>100pm</b>

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		36#	9 5/8"		Surface	656
Liner						1,500
Liner						
Tubing			0			
Drill Pipe						
Open Hole			12 1/4"		Surface	651
Perforations						Shots/Ft.
Perforations						
Perforations						

Materials			
Mud Type	WBM	Density	9 Lb/Gal
Disp. Fluid	Fresh Water	Density	8.33 Lb/Gal
Spacer type	resh Water BBL.		10 8.33
Spacer type	BBL.		
Acid Type	Gal.		%
Acid Type	Gal.		%
Surfactant	Gal.		ln
NE Agent	Gal.		ln
Fluid Loss	Gal/Lb		ln
Gelling Agent	Gal/Lb		ln
Fric. Red.	Gal/Lb		ln
MISC.	Gal/Lb		ln

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
10/27	8.0	10/27	2.5	Surface
Total	8.0	Total	2.5	

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

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Pressures	
MAX 2,000 PSI	AVG. 300 psi
Average Rates in BPM	
MAX 6 BPM	AVG 5 bpm
Cement Left in Pipe	
Feet 46	Reason SHOE JOINT

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	180	TEX Lite Premium Plus 65	(6% Gel) 2% Calcium Chloride - 1/4pps Cello-Flake - 0.2% X-Air	11.11	2.01	12.40
2	165	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 Breakdown	Type: _____	Preflush: BBI	10.00
	MAXIMUM 12,000 PSI	Load & Bkdn: Gal - BBI	N/A
	Lost Returns-# NO/FULL	Excess /Return BBI	40
	Actual TOC SURFACE	Calc. TOC:	SURFACE
Average	Bump Plug PSI: 900	Final Circ. PSI:	300
ISIP 5 Min.	10 Min _____	Cement Slurry BBI	103.1
	15 Min _____	Total Volume BBI	160.10

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



7303 N. Highway 81  
Duncan, OK 73533

# Invoice

Date:	Invoice #:
11/6/2014	0000017764

Phone # (580) 255-3111

Bill To
Sandridge Exploration & Production 123 Robert S Kerr Ave Oklahoma City, OK 73102-6406

Description of Work
HARPER, COUNTY KS AFE DC14259 API 15-077-22100-01-00
Job Type: Kick off plug(plug back, Balanced Plug)

Field Receipt	Terms	Service Date	Due Date	AFE No	Lease/Well Name
SOK4418	Net 30	11/1/2014	12/6/2014	AFE DC14259	CAROTHERS 3206 2-34H

Item	Description	U/M	Qty	Price Each	Amount	Disc %	Disc Amt	Net Amount
ML001	Pickup Mileage	UNTMIL	100	4.26	426.00	40.00%	-170.40	255.60
ML002	Pump Truck/Heavy Vehicle Mileage	UNTMIL	100	7.32	732.00	40.00%	-292.80	439.20
ML003	Bulk Cement Delivery/Return	MILE	838	2.95	2,472.10	40.00%	-988.84	1,483.26
MX001	Bulk Material Mixing Service Charge	SCF	358	3.27	1,170.66	40.00%	-468.26	702.40
CT005	Pump Charge 4001-5000'	4-HRS	1	4,312.44	4,312.44	40.00%	-1,724.98	2,587.46
CT015	Pump Charge Additional Hours	UNTHRS	6	588.06	3,528.36	40.00%	-1,411.34	2,117.02
ML014	Fuel Surcharge *	JOB	1	653.40	653.40	40.00%	-261.36	392.04
AE014	Environmental Fee*	JOB	1	228.69	228.69	40.00%	-91.48	137.21
PC003	Employee/Supervisor Retention/perdiem	PR/MAN	1	1,306.80	1,306.80	55.00%	-718.74	588.06
JM001	Data Acquisition System	JOB	1	1,437.48	1,437.48	40.00%	-574.99	862.49
AE017	Swage, 4 1/2" - 13 3/8"	DAY	1	457.38	457.38	40.00%	-182.95	274.43
AE007	1" to 2" valves	JOB	1	424.71	424.71	40.00%	-169.88	254.83
CP002	H (Premium Cement) (94 lbs/ft3)	94SACK	355	30.80	10,934.01	40.00%	-4,373.60	6,560.41
CP004	CF-37 (Dispersant)	LBS	133	13.55	1,802.15	40.00%	-720.86	1,081.29

Subtotal Amount	29,886.18
Sales Tax	469.96
Discount Amount	-12,150.48
Payment/Credit Amount	0.00
<b>Total Net Amount</b>	<b>18,205.66</b>

Contact: Sandridge Exploration & Production

# O-TEX PUMPING LLC

Service Location Fairview, Oklahoma  
 Service Address 601 Industrial Blvd 73737

Service Date: 11/1/2014  
 Customer Sandridge Exploration & Production  
 Address:  
 City  
 St  
 Customer Rep Luiz Garza  
 Phone 281-840-6625

## FIELD RECEIPT

Phone number

580-227-2727

Project Number: SOK 4418

Well Name: Carothers 3206  
 Well Number: 2-34H  
 County: Harper  
 State: Kansas  
 API # 15-077-22100-01-00  
 AFE # DC14259  
 PERMIT #

JOB TYPE  
 CASING SIZE

Job Type  
 Kickoff Plug  
 Serv. Sup.  
 Louis Arney  
 Page 1 of 1

REF #	DESCRIPTION	U OF MEAS.	UNIT PRICE	QUAN	GROSS	%DISC	Pump #		NET
							disc	0	
ML001	Pickup Mileage	per mile/ per Unit	\$ 4.26	100.0	\$426.00	40%	\$170.40	0	\$255.60
ML002	Pump Truck/Heavy Vehicle Mileage	per mile/ per Unit	\$ 7.32	100.0	\$732.00	40%	\$292.80		\$439.20
ML003	Bulk Cement Delivery/Return	per Ton-Mile	\$ 2.95	838.0	\$2,472.10	40%	\$988.84		\$1,483.26
MX001	Bulk Material Mixing Service Charge	per cuft	\$ 3.27	358.0	\$1,170.66	40%	\$468.26		\$702.40
CT005	Pump Charge 4001-5000'	(per 4 hrs)	\$ 4,312.44	1.0	\$4,312.44	40%	\$1,724.98		\$2,587.46
CT015	Pump Charge Additional Hours	per hour/per unit	\$ 588.06	6.0	\$3,528.36	40%	\$1,411.34		\$2,117.02
ML014	Fuel Surcharge *	per unit perjob	\$ 653.40	1.0	\$653.40	40%	\$261.36		\$392.04
AE014	Environmental Fee*	per job	\$ 228.69	1.0	\$228.69	40%	\$91.48		\$137.21
PC003	Employee/Supervisor Retention/perdiem	per job	\$ 1,306.80	1.0	\$1,306.80	55%	\$718.74		\$588.06
JM001	Data Acquisition System	Per Job	\$ 1,437.48	1.0	\$1,437.48	40%	\$574.99		\$862.49
AE017	Swage, 4 1/2" - 13 3/8"	Per day	\$ 457.38	1.0	\$457.38	40%	\$182.95		\$274.43
AE007	1" to 2" valves	per job	\$ 424.71	1.0	\$424.71	40%	\$169.88		\$254.83
CP002	H (Premium Cement) (94 lbs/ft3)	per sk	\$ 30.80	355.0	\$10,934.00	40%	\$4,373.60		\$6,560.40
CP004	CF-37 (Dispersant)	per lb	\$ 13.55	133.0	\$1,802.15	40%	\$720.86		\$1,081.29
							\$12,150.49		\$17,735.68
							\$29,886.17		

I HAVE READ AND UNDERSTAND THIS CONTRACT AND REPRESENT THAT I AM AUTHORIZED TO SIGN THE SAME AS CUSTOMERS AGENT.  
 Customer Authorized Agent: \_\_\_\_\_

RECEIVED NOV 9 5 2014

# O-TEX PUMPING LLC

Service Location Fairview, Oklahoma  
 Service Address 601 Industrial Blvd 73737

Service Date: 11/1/2014  
 Customer Sandridge Exploration & Production  
 Address:  
 City  
 St  
 Customer Rep Luiz Garza  
 Phone 281-840-6625

## FIELD RECEIPT

Phone number

580-227-2727

Project Number:

SOK 4418


Well Name: Carothers 3206  
 Well Number: 2-34H  
 County: Harper  
 State: Kansas  
 API #: 15-077-22100-01-00  
 AFE #: DC14259  
 PERMIT #

JOB TYPE  
 CASING SIZE

Job Type  
 Surface  
 Serv. Sup.  
 0  
 Page 1 of 1

REF #	DESCRIPTION	U OF MEAS.	UNIT PRICE	QUAN	GROSS	%DISC	Pump #		NET
							disc	Pump 2#	
ML001	Pickup Mileage	per mile/ per Unit	4.26	100.0	\$426.00	40%	\$170.40	0	\$255.60
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							\$29,886.17	\$12,150.49	\$17,735.68

I HAVE READ AND UNDERSTAND THIS CONTRACT AND REPRESENT THAT I AM AUTHORIZED TO SIGN THE SAME AS CUSTOMERS AGENT.  
 Customer Authorized Agent:

AFE Number: DC 14259  
 Well Name: Carothers 32062-34H  
 Code: 830-210  
 Amount: \$17,735.68  
 Co. Man: Luis Garza  
 Co. Man Sig:   
 Notes:



# SERVICE ORDER CONTRACT

Customer Name Sandridge Exploration & Production

Ticket Number SOK 4418

Lease & Well Number Carothers 3206 2-34H

Date 11/1/2014

As consideration, The Above Named customer Agrees:

O-TEX Pumping L.L.C. shall not be responsible for and customer shall secure O-TEX pumping against any liability for damage to property of customer and of the well owner (if different from customer), unless caused by the willful misconduct or gross negligence of O-TEX pumping, this provision applying to but not limited to subsurface damage and surface damage arising from subsurface damage.

O-TEX makes no guarantee to the effectiveness of the products, supplies, or materials, nor of the results of any treatment or services. Because of the uncertainty of variable well conditions and the necessity of relying on facts and supporting services furnished by others, O-TEX personnel will use their best efforts in gathering such information and their best judgment in interpreting it, but because of the uncertainty of variable well conditions and the necessity of relying on facts and supporting services furnished by others except where due to O-TEX gross negligence or willful misconduct in the preparation or furnishing it.

Invoices payable NET 30 days following the date on the invoice.

Upon customers default in payment of the customers account by the last day of the month following the month in which the invoice is dated. Customer agrees to pay interest thereon after at the highest lawful contract rate applicable but never to exceed 18% per annum in the event it becomes necessary to employ an attorney to enforce collection of said account.

Customer agrees to pay all collection costs and attorney fees in the amount of 25% of the unpaid account.

Service order: I authorize work to begin per service instructions in accordance with terms and conditions printed on this form and represent that I have authority to accept and sign this order.

**I HAVE READ AND UNDERSTAND THIS CONTRACT AND REPRESENT THAT I AM AUTHORIZED TO SIGN THE SAME AS CUSTOMERS AGENT.**

Customer Authorized Agent: \_\_\_\_\_

