



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1234182
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: _____

1234182

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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

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	Rocky SWD 3306 1-16
Doc ID	1234182

Tops

Name	Top	Datum
Base Heebner	3232	-1883
Lansing	3587	-2238
Cottage Grove	3842	-2493
Oswego	4157	-2808
Cherokee	4278	-2929
Verdigris	4295	-2943
Miss Unconformity	4446	-3097
Kinderhook	4797	-3448
Woodford	4875	-3526
Simpson	4908	-3559
Oil Creek	5051	-3702
Arbuckle	5063	-3714

JOB SUMMARY			PROJECT NUMBER SOK 4115	TRIP DATE 08/27/14
COUNTY Harper	State Oklahoma	COMPANY Bridge Exploration & Produc	CUSTOMER REP Audie Miller	
LEASE NAME Rocky SWD 3306	Well No. 1-16	JOB TYPE Surface	EMPLOYEE NAME Joseph Klemm	

EMP NAME					
Joseph Klemm	0				
Cody Bonitz					
Randall Irvin					
Dustin Odom					

Form. Name _____ Type: _____

Packer Type _____ Set At **0**

Bottom Hole Temp. **80** Pressure _____

Retainer Depth _____ Total Depth **727**

Date	Called Out 8/26/2014	On Location 8/26/2014	Job Started 8/26/2014	Job Completed 8/27/2014
Time	1730	2030	2100	0200

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	Max. Allow
Casing		45.5#	10 1/2"		Surface	727	2,000
Liner							
Liner							
Tubing			0				
Drill Pipe							
Open Hole			14 1/4"		Surface	727	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	
8/26	5.5	8/27	5.0	Surface
Total	5.5	Total	5.0	

Perfpac Balls _____ Qty. _____

Other _____

Other _____

Other _____

Other _____

Other _____

Pressures			
MAX	2000 PSI	AVG.	150
Average Rates in BPM			
MAX	5 BPM	AVG	4.5
Cement Left in Pipe			
Feet	46	Reason	SHOE JOINT

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	350	TEX Lite Premium Plus 65	(6% Gel) 2% Calcium Chloride - 1/4pps Cello-Flake - .4% C-41P	11.11	2.01	12.40
2	230	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	_____	Type:	Fresh Water
Breakdown	_____	MAXIMUM	2000 PSI	Load & Bkdn:	Gal - BBI	_____	Pad:Bbl -Gal	N/A
	_____	Lost Returns:	NO/FULL	Excess /Return	BBI	87	Calc.Disp Bbl	66
	_____	Actual TOC	SURFACE	Calc. TOC:	_____	SURFACE	Actual Disp.	66.00
Average	_____	Bump Plug PSI:	700	Final Circ.	PSI:	250	Disp:Bbl	66.00
ISIP	5 Min. _____	10 Min. _____	15 Min. _____	Cement Slurry	BBI	179/2		
				Total Volume	BBI	255/20		

CUSTOMER REPRESENTATIVE Audie Miller SIGNATURE _____

JOB SUMMARY			PROJECT NUMBER SOK 4153	TICKET DATE 09/05/14
COUNTY Harper	STATE Kansas	COMPANY Sandridge Exploration & Production	CUSTOMER REP Audie Miller	
LEASE NAME Rocky SWD 3306	Well No. 1-16	JOB TYPE Intermediate	EMPLOYEE NAME Arthur Setzer	

EMP NAME	0				
Arthur Setzer					
Jared Green					
Don Brown					
Frank Reeves					

Form. Name _____ Type: _____

Packer Type _____ Set At **0**

Bottom Hole Temp. **155** Pressure _____

Retainer Depth _____ Total Depth **5,140'**

	Called Out	On Location	Job Started	Job Completed
Date	9/4/2014	9/4/2014	9/5/2014	9/5/2014
Time	1500	2100	0020	0300

Tools and Accessories		
Type and Size	Qty	Make
Auto Fill Tube	0	IR
Insert Float Valve	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		29.7#	7 5/8		Surface 5,114
Liner					
Liner					
Tubing			0		
Drill Pipe					
Open Hole			8 7/8"		Surface 5,140'
Perforations					
Perforations					
Perforations					

Materials			
Mud Type	WBM	Density	Lb/Gal
Disp. Fluid	Fresh Water	Density	8.33
Spacer type	Fresh Water BBL.		20
Spacer type	Caustic BBL.		10
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	
9/4	3.0	9/5	3.0	Intermediate
9/5	3.0			
Total		Total		

Pressures	
MAX	5,000 PSI
AVG	600
Average Rates in BPM	
MAX	8 BPM
AVG	6
Cement Left in Pipe	
Feet	88
Reason SHOE JOINT	

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	300	50/50 POZ PREMIUM	4% Gel - 0.2% FL-17 - 0.1% C-51 - 0.2% C-20 - 0.1% C-37 - 0.4% C-41P	6.93	1.43	13.60
2	140	Premium	0.2% FL-17 - 0.1% C-51 - 0.1% C-20 - 0.4% C-41P	5.19	1.19	15.60
3	0	0		0	0.00	0.00

Summary					
Preflush Breakdown	_____	Type: _____	Preflush: BBI	30.00	Type: Gel Spacer
	MAXIMUM	5,000 PSI	Load & Bkdn: Gal - BBI	N/A	Pad:Bbl -Gal N/A
	Lost Returns-1	NO/FULL	Excess /Return BBI	N/A	Calc.Disp Bbl 230
	Actual TOC	5,114	Calc. TOC:	surface	Actual Disp. 230.00
Average	Bump Plug PSI:	1,500	Final Circ. PSI:	600	Disp:Bbl 230.00
ISIP	5 Min.	10 Min.	Cement Slurry BBI	106.0	
		15 Min.	Total Volume BBI	366.00	

CUSTOMER REPRESENTATIVE _____ SIGNATURE _____



INVOICE

DATE	INVOICE #
8/22/2014	5040

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	8/19/2014	3944	TOMCAT 2	ROCKY SWD 3306 1-16	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 MUD, WATER, AND TRUCKING FURNISHED WELDER AND MATERIALS FURNISHED 9 YARDS OF 10 SACK GROUT FOR CONDUCTOR HOLE FURNISHED 4 YARDS OF 10 SACK GROUT FOR MOUSE HOLE FURNISHED GROUT PUMP DRILL RAT AND MOUSE HOLES FURNISHED 60' OF 16" CONDUCTOR PIPE FOR RAT AND MOUSE HOLES TOTAL BID \$15,175.00 AFE Number: <u>DC # 209</u> Well Name: <u>Rocky SWD 3306 1-16</u> Code: <u>850.010</u> Amount: <u>\$15,327.03</u> Co. Man: <u>Quincy Lovell</u> Co. Man Sig.: <u>[Signature]</u> Notes: _____

Sales Tax (6.15%)	\$152.03
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TOTAL	\$15,327.03
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