



Confidentiality Requested:

Yes No

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
-----------------------------------	-----------------	---

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: _____

1234639

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
--	---

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Perth 3302 2-1H
Doc ID	1234639

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
5	4082-4084	Slickwater & HEFE HCL 15% Acid Frac	4082-8168
5	4279-4281		
5	4341-4343		
5	4734-4736		
5	4806-4808		
5	4867-4869		
5	4916-4918		
5	4964-4966		
5	5029-5031		
5	5101-5103		
5	5150-5152		
5	5221-5223		
5	5298-5300		
5	5358-5360		
5	5436-5438		
5	5508-5510		
5	5573-5575		
5	5652-5654		
5	5730-5732		
5	5778-5780		
5	5858-5860		
5	5933-5935		
5	6000-6002		

Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Perth 3302 2-1H
Doc ID	1234639

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
5	6061-6063		
5	6104-6106		
5	6236-6238		
5	6285-6287		
5	6349-6351		
5	6428-6430		
5	6495-6497		
5	6582-6584		
5	6647-6649		
5	6718-6720		
5	6811-6813		
5	6898-6900		
5	6942-6944		
5	7001-7003		
5	7087-7089		
5	7152-7154		
5	7224-7226		
5	7304-7306		
5	7372-7374		
5	7454-7456		
5	7522-7524		
5	7605-7607		
5	7670-7672		
5	7751-7753		

Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Perth 3302 2-1H
Doc ID	1234639

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
5	7821-7823		
5	7882-7884		
5	7948-7950		
5	8018-8020		
5	8098-8100		
5	8166-8168		

Hydraulic Fracturing Fluid Product Component Information Disclosure

Job Start Date:	4/26/2014
Job End Date:	4/28/2014
State:	Kansas
County:	Sumner
API Number:	15-191-22718-01-00
Operator Name:	SandRidge Energy
Well Name and Number:	Perth 3302 #2-1H
Longitude:	-97.47702560
Latitude:	37.20148800
Datum:	NAD27
Federal/Tribal Well:	NO
True Vertical Depth:	3,966
Total Base Water Volume (gal):	2,462,446
Total Base Non Water Volume:	0



Hydraulic Fracturing Fluid Composition:

Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS #)	Maximum Ingredient Concentration in Additive (% by mass)**	Maximum Ingredient Concentration in HF Fluid (% by mass)**	Comments
Water	Well Operator	Carrier/Base Fluid	Water	7732-18-5	100.00000	95.63472	None
40/70 Premium Preferred Sand	Cimarron Acid	Proppant, Scouring, Fill	Crystalline Silica (quartz)	14808-60-7	100.00000	3.12746	None
15% Uninhibited HCl Acid	Cimarron Acid	Etching, Dissolving, Cleaning	Water	7732-18-5	85.00000	0.63878	None
			Hydrochloric Acid	7647-01-0	15.00000	0.11273	None
			Water	7732-18-5	24.00000	0.00015	None
			Methanol	67-56-1	9.00000	0.00006	None
			Triethyl Phosphate	78-40-0	8.40000	0.00005	None
			Ethoxylated Nonylphenol	68412-54-4	8.40000	0.00005	None
			Isopropyl Alcohol	67-63-0	8.40000	0.00005	None
			2-Butoxyethanol	111-76-2	8.40000	0.00005	None
			Tar Bases-quinoline derivs-benzyl chloride/quaternized	72480-70-7	8.40000	0.00005	None
			Cinnamaldehyde	104-55-2	8.40000	0.00005	None
			N-Dimethylformamide	68-12-2	8.40000	0.00005	None
			Ethylene Glycol	107-21-1	8.40000	0.00005	None

40/70 Resin Coated Sand	Cimarron Acid	Proppant, Scouring, Fill					
			Crystalline Silica (quartz)	14808-60-7	97.00000	0.34751	None
Iron Control, Sodium Erythorbate	Cimarron Acid	Iron Control					
			Water	7732-18-5	55.50000	0.02530	None
			Methanol	67-56-1	12.70000	0.00581	None
			Dinanylphenyl Polyoxyethylene	201602-88-2	9.10000	0.00415	None
			Poly(ethylene Oxide)	25322-68-3	9.10000	0.00415	None
			Nonylphenal Polyethylene Glycol Ether	127087-87-0	9.10000	0.00415	None
			Isopropanol	67-63-0	4.60000	0.00208	None
			Sodium Erythorbate	6381-77-7	100.00000	0.00025	None
			Water	7732-18-5	54.50000	0.00018	None
			Polyglycol Ethers	52624-57-4	13.60000	0.00005	None
			Isopropanol	67-63-0	13.60000	0.00005	None
			Methanol	67-56-1	9.00000	0.00003	None
			Glycol Ether EB	111-76-2	9.00000	0.00003	None
FR-986, Cationic Friction Reducer	Cimarron Acid	Friction Reducer					
			Water	7732-18-5	50.00000	0.00492	None
			Petroleum Hydrotreated Light Distillate	64742-47-8	2.50000	0.00178	None
			Phosphoric Acid	7664-38-2	16.80000	0.00165	None
			Hydrochloric Acid	7647-01-0	16.80000	0.00165	None
			Ethylene Glycol	107-21-1	12.70000	0.00125	None
			Methanol	67-56-1	3.60000	0.00036	None

Ingredients shown above are subject to 29 CFR 1910.1200(i) and appear on Material Safety Data Sheets (MSDS). Ingredients shown below are Non-MSDS.

* Total Water Volume sources may include fresh water, produced water, and/or recycled water

** Information is based on the maximum potential for concentration and thus the total may be over 100%

Note: For Field Development Products (products that begin with FDP), MSDS level only information has been provided.

Ingredient information for chemicals subject to 29 CFR 1910.1200(i) and Appendix D are obtained from suppliers Material Safety Data Sheets (MSDS)

Summary of Changes

Lease Name and Number: Perth 3302 2-1H

API/Permit #: 15-191-22718-01-00

Doc ID: 1234639

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	06/04/2014	12/10/2014
Date of First or Resumed Production or SWD or Enhr		07/27/2014
Disposition Of Gas - Vented	No	Yes
Fracturing Question 2	No	Yes
Fracturing Question 3		Yes
Method Of Completion - Perf	No	Yes
Producing Method Other	No	Yes
Producing Method Other Detail		ESP
Producing Method Pumping	No	Yes
Production - Barrels Oil		41

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Production - Barrels of Water		4232
Production - MCF Gas		260
Production Interval #1		4082-8168
Purchaser's Name		Oil = CVR Gas = Flare
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1207910	../../../../kcc/detail/operatorEditDetail.cfm?docID=1234639
Total Depth	8262	4620
Well Type	SIGW	OIL

Summary of Attachments

Lease Name and Number: Perth 3302 2-1H

API: 15-191-22718-01-00

Doc ID: 1234639

Correction Number: 1

Attachment Name



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1207910
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed

Form must be Signed

All blanks must be Filled

CONFIDENTIAL 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
-----------------------------------	-----------------	---

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: _____