

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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Hydraulic Fracturing Fluid Product Component Information Disclosure

Job Start Date:	11/17/2014
Job End Date:	11/18/2014
State:	Kansas
County:	Harper
API Number:	15-077-22067-01-00
Operator Name:	SandRidge Energy
Well Name and Number:	4515James 3406 1-4H
Longitude:	-97.97210650
Latitude:	37.10991068
Datum:	NAD27
Federal/Tribal Well:	NO
True Vertical Depth:	4,783
Total Base Water Volume (gal):	1,676,262
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	Archer	Carrier/Base Fluid					
			Water	7732-18-5	100.00000	94.21302	None
Sand (Proppant)	Archer	Proppant					
			Silica Substrate	NA	100.00000	4.26438	None
Hydrochloric Acid (15%)	Archer	Acidizing					
			Hydrochloric Acid	7647-01-0	15.00000	0.21295	None
			Methyl Alcohol	67-56-1	80.00000	0.00131	None
			thiourea-formaldehyde copolymer	68527-49-1	15.00000	0.00024	None
AIC	Archer	Liquid Acid Iron Control					
			Acetic Acid	64-19-7	50.00000	0.00288	None
			Citric Acid	77-92-9	30.00000	0.00173	None
Chemflush	Archer	Enviro-Friendly Chemical Flush					
			Hydrotreated Petroleum Distillate	64742-47-8	99.00000	0.00304	None
			Alcohol Ethoxylate Surfactants	NA	10.00000	0.00031	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.							
		Other Chemicals					
			Water	7732-18-5		0.04913	

		Anionic Polymer	N/A		0.02456
		Aliphatic Hydrocarbon	64742-47-8		0.02456
		Water	7732-18-5		0.00949
		Polyol Ester	N/A		0.00409
		Oxyalkylated Alcohol	68002-97-1		0.00409
		Water	7732-18-5		0.00202
		Acrylic Polymer	28205-96-1		0.00158
		Sodium Salt of Phosphate Ester	68131-72-6		0.00158
		Polyglycol Ester	N/A		0.00082
		Alcohol Ethoxylate Surfactants	N/A		0.00024
		n-olefins	N/A		0.00013
		Propargyl Alcohol	107-19-7		0.00010
		Tetrasodium Ethylenediaminetetraacetate Buffer	64-02-8 N/A		0.00008
		ISOPROPANOL	67-63-0		
		METHANOL	67-56-1		
		WATER	7732-18-5		
		TRADE SECRET	N/A		
		Acetic Acid	64-19-7		
		Water	7732-18-5		
		Cinnamic Aldehyde	104-55-2		
		Surfactant	N/A		

* 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)

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		n-olefins	N/A		0.00013
		Propargyl Alcohol	107-19-7		0.00010
		Tetrasodium Ethylenediaminetetraacetate Buffer	64-02-8		0.00008
		ISOPROPANOL	67-63-0		
		METHANOL	67-56-1		
		WATER	7732-18-5		
		TRADE SECRET	N/A		
		Acetic Acid	64-19-7		
		Water	7732-18-5		
		Cinnamic Aldehyde	104-55-2		
		Surfactant	N/A		

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Summary of Changes

Lease Name and Number: James 3406 1-4H

API/Permit #: 15-077-22067-01-00

Doc ID: 1235832

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	12/03/2014	12/18/2014
Completion Type - Other Text	completing	
Save Link	../../../../kcc/detail/operatorE ditDetail.cfm?docID=12 31602	../../../../kcc/detail/operatorE ditDetail.cfm?docID=12 35832
Well Type	OTHER	OIL

Summary of Attachments

Lease Name and Number: James 3406 1-4H

API: 15-077-22067-01-00

Doc ID: 1235832

Correction Number: 1

Attachment Name

FracFocus Disclosure 2

FracFocus Disclosure 1



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1231602
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
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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: _____