



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1237392
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: _____

1237392

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	Skyler Rae SWD 3505 1-3
Doc ID	1237392

Tops

Name	Top	Datum
Base Heebner	3250	
Lansing	3593	
Cottage Grove	3957	
Oswego	4326	
Cherokee	4462	
Verdigris	4494	
Miss Unconformity	4678	
Kinderhook	5105	
Woodford	5161	
Simpson	5177	
Oil Creek	5373	
Arbuckle	5425	



INVOICE

DATE	INVOICE #
10/31/2014	5235

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	10/30/2014	3823	TOMCAT 2	SKYLER RAE SWD 3505 1-3	Due on rec...

Description

DRILLED 80' OF 30" CONDUCTOR HOLE
 DRILLED 6' OF 76" HOLE
 FURNISHED AND SET 6' X 6' TINHORN CELLAR
 FURNISHED 80' OF 20" CONDUCTOR PIPE
 FURNISHED MUD, WATER, AND TRUCKING
 FURNISHED WELDER AND MATERIALS
 FURNISHED 8 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

TOTAL BID \$15,650.00

AFE Number: OC 14349
 Well Name: Skylar Rae SWD 3505 1-3
 Code: 850.010
 Amount: \$15,871.52
 Co. Man: _____
 Co. Man Sig.: Bucky Smith for John Fortune
 Notes: _____

Sales Tax (6.15%)	\$221.52
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TOTAL	\$15,871.52
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SandRidge Energy
Skyler Rae SWD #3505 1-3
Harper County, KS.

1.0 Executive Summary

Allied Oil & Gas Services would like to thank you, for the award of the provision of cementing products and services on the well Skyler Rae SWD #3505 1-3 Surface Casing.

A pre-job meeting was held to discuss job details, review the safety hazards, potential environmental impact and established emergency procedures.

Allied started the job testing lines to 2000 psi. After a successful test we began the job by pumping 10 bbls of preflush spacer. We then mixed and pumped the following cements:

69 Bbls (210 sacks) of 13.2 ppg Lead slurry
Class A Yield 1.85
2% Gypseal
2% SA-45
2% CC
¼# Floseal

32 Bbls (130 sacks) of 14.8 ppg Tail slurry
Class A Yield 1.37
2% CC
2% Gel
¼# Floseal

The top plug was then released and displaced with 49.5 Bbls of fresh water. The plug bumped and pressured up to 750 psi. Pressure was released and floats held.

All real time data is shown on the graph in the attachment section.

Allied Oil & Gas Services remains committed to provide operational excellence and superior product performance. All comments and suggestions are greatly appreciated and help us to continue to provide this level of service.

Again we want to thank you for the opportunity to perform these and your future cementing & acidizing service needs.



INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 147426
Invoice Date: Dec 5, 2014
Page: 1

Voice: (817) 546-7282
Fax: (817) 246-3361

Federal Tax ID.#: 20-8651475

Bill To:
SandRidge Energy Accounts Payable P O Box 1748 Oklahoma City, OK 73102

Customer ID	Field Ticket #	Payment Terms	
SandR	65110	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-08	Medicine Lodge	Dec 5, 2014	1/4/15

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Skyler Rae SWD 3505 #1-3 AFE #DC14349		
20.00	CEMENT MATERIALS	LC Spacer	250.00	5,000.00
470.00	CEMENT MATERIALS	Light Weight	16.50	7,755.00
164.00	CEMENT MATERIALS	FL-160	18.90	3,099.60
1,410.00	CEMENT MATERIALS	Gilsonite	0.98	1,381.80
145.00	CEMENT MATERIALS	Class A Common	17.90	2,595.50
6.00	CEMENT MATERIALS	Gel	23.40	140.40
82.00	CEMENT MATERIALS	FL-160	18.90	1,549.80
14.00	CEMENT MATERIALS	SA-45	3.47	48.58
725.00	CEMENT MATERIALS	Gilsonite	0.98	710.50
709.78	CEMENT SERVICE	Cubic Feet Charge	2.48	1,760.25
1,192.80	CEMENT SERVICE	Ton Mileage Charge	2.60	3,101.28
1.00	CEMENT SERVICE	Intermediate	3,099.25	3,099.25
1.00	CEMENT SERVICE	Manifold Head Rental	275.00	275.00
40.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	176.00
40.00	CEMENT SERVICE	Pump Truck Mileage	7.70	308.00
5.00	CEMENT SERVICE	Waiting on Location	440.00	2,200.00
1.00	EQUIPMENT SALES	7 in Top Rubber Plug	99.45	99.45
1.00	CEMENT SUPERVISOR	Coy Price		
1.00	OPERATOR ASSISTANT	Thomas Gibson		
1.00	OPERATOR ASSISTANT	Kindel Holiman		

Subtotal	Continued
Sales Tax	Continued
Total Invoice Amount	Continued
Payment/Credit Applied	
TOTAL	Continued

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$

CALL IF PAID ON OR BEFORE
Jan 4, 2015



PO Box 93999
 Southlake, TX 76092

Voice: (817) 546-7282
 Fax: (817) 246-3361

INVOICE

Invoice Number: 147426
 Invoice Date: Dec 5, 2014
 Page: 2

Federal Tax I.D.#: 20-8651475

Bill To:
SandRidge Energy Accounts Payable P O Box 1748 Oklahoma City, OK 73102

Customer ID	Field Ticket#	Payment Terms	
SandR	65110	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-08	Medicine Lodge	Dec 5, 2014	1/4/15

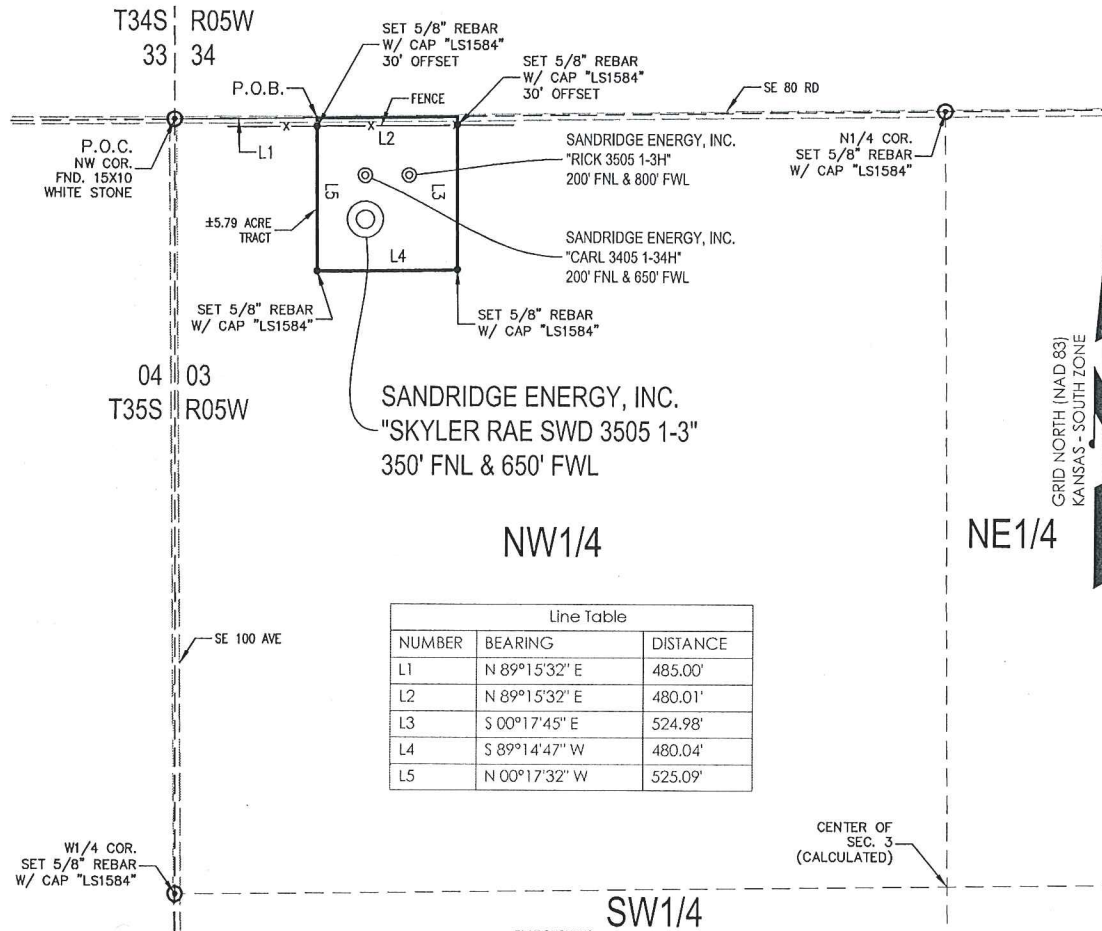
Quantity	Item	Description	Unit Price	Amount
1.00	OPERATOR ASSISTANT	Anthony Hatton		
1.00	JOB DISCOUNT	Job Discount if paid within terms	9,990.13	-9,990.13

Subtotal	23,310.28
Sales Tax	
Total Invoice Amount	23,310.28
Payment/Credit Applied	
TOTAL	23,310.28

ALL PRICES ARE NET, PAYABLE
 30 DAYS FOLLOWING DATE OF
 INVOICE. 1 1/2% CHARGED
 THEREAFTER. IF ACCOUNT IS
 CURRENT, TAKE DISCOUNT OF
 \$
 ONLY IF PAID ON OR BEFORE
 Jan 4, 2015



T 35 S - R 05 W



Line Table		
NUMBER	BEARING	DISTANCE
L1	N 89°15'32" E	485.00'
L2	N 89°15'32" E	480.01'
L3	S 00°17'45" E	524.98'
L4	S 89°14'47" W	480.04'
L5	N 00°17'32" W	525.09'



PLAT SHOWING
**5.79 ACRE TRACT OF LAND IN THE
 NW1/4 OF SECTION 3, T35S-R05W,
 HARPER COUNTY, KANSAS**

METES AND BOUNDS DESCRIPTION (5.79 ACRE TRACT)

PART OF THE NW1/4 OF SECTION 3, TOWNSHIP 35 SOUTH, RANGE 05 WEST, HARPER COUNTY, KANSAS, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

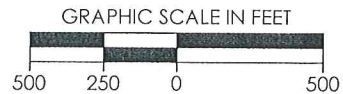
BEGINNING AT A FOUND 15X10 WHITE STONE AT THE NORTHWEST CORNER OF SAID SECTION 3;
 THENCE N 89°15'32" E ALONG THE NORTH LINE OF SAID SECTION 3, A DISTANCE OF 485.00 FEET TO A POINT, SAID POINT BEING THE POINT OF BEGINNING;
 THENCE CONTINUE N 89°15'32" E, ALONG THE NORTH LINE OF SAID SECTION 3, A DISTANCE OF 480.01 FEET TO A POINT;
 THENCE S 00°17'45" E, A DISTANCE OF 524.98 FEET TO A SET 5/8" REBAR WITH CAP MARKED "LS1584", PASSING THROUGH A SET 5/8" REBAR WITH CAP MARKED "LS1584", AT A DISTANCE OF 30.14 FEET;
 THENCE S 89°14'47" W, A DISTANCE OF 480.04 FEET TO A SET 5/8" REBAR WITH CAP MARKED "LS1584";
 THENCE N 00°17'32" W, A DISTANCE OF 525.09 FEET, PASSING THROUGH A SET 5/8" REBAR WITH CAP MARKED "LS1584", AT A DISTANCE OF 495.00 FEET TO THE POINT OF BEGINNING.

SAID TRACT CONTAINING 5.79 ACRES OF LAND AS SURVEYED, MORE OR LESS.

BASIS OF BEARINGS:
 KANSAS COORDINATE SYSTEM 1983 SOUTH ZONE
 BEARINGS: GRID
 DISTANCES: US SURVEY FOOT AT GRID
 COORDINATES: US SURVEY FOOT AT GRID

SURVEYOR'S CERTIFICATE:

I, JEREMY A. LAWSON, KANSAS LICENSED PROFESSIONAL LAND SURVEYOR, NO. 1584, DO HEREBY CERTIFY THAT THIS PLAT REPRESENTS THE RESULTS OF A SURVEY MADE ON THE GROUND UNDER MY SUPERVISION ON THE DATE OF 6-05-2014. NO EASEMENTS OR OTHER TITLE DOCUMENTS WERE PROVIDED TO THE SURVEYOR FOR THIS PROPERTY.



REVISION	SandRidge		
	"SKYLER RAE SWD 3505 1-3" PART OF THE NW1/4 OF SECTION 3, T-35-S, R-05-W PROPOSED DRILL SITE HARPER COUNTY, KANSAS		
	SCALE: 1" = 500'	PLOT DATE: 06-06-2014	DRAWN BY: MF SHEET NO.: 1 OF 1