

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1241424  
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
-----------------------------------	-----------------	---

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: \_\_\_\_\_

1241424

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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

<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"/> Commingled <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--	--	---

Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	NIELSON-UPTON 3-32
Doc ID	1241424

Tops

Name	Top	Datum
Heebner	4174	-2274
Brown Lime	4348	-2448
Lansing	4366	-2466
Stark	4694	-2494
BKC	4850	-2950
Marmaton	4856	-2956
Altamont	4902	-3002
Pawnee	4945	-3045
Fort Scott	4979	-3079
Cherokee	4990	-3090
Mississippian	5072	-3172
Viola	5811	-3911
Simpson	5987	-4087
Arbuckle	6120	-4220
RTD	6180	-4280

Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	NIELSON-UPTON 3-32
Doc ID	1241424

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
2	5176-5178	10K CIBP w/ 2sx cement on top	5775
2	5162-5164		
2	5138-5140		
2	5130-5132		
2	5122-5124		
2	5104-5106		
2	5085-5088		
2	5030-5032		
2	5015-5017		
2	5007-5009		
2	4996-4998		
1	4979-4986		
1	4959-4966		



# Hydraulic Fracturing Fluid Product Component Information Disclosure

Job Start Date:	11/15/2014
Job End Date:	11/15/2014
State:	Kansas
County:	Comanche
API Number:	15-033-21574-00-00
Operator Name:	SandRidge Energy
Well Name and Number:	Nielson-Upton #3-32
Longitude:	-99.40606440
Latitude:	37.21198470
Datum:	NAD27
Federal/Tribal Well:	NO
True Vertical Depth:	6,180
Total Base Water Volume (gal):	387,080
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	95.73937	None
40/70 Preferred Sand	CAF	Proppant, Scouring, Fill					
			Crystalline Silica (quartz)	14808-60-7	100.00000	2.48968	None
15% Unihibited HCl Acid	CAF	Etching, Dissolving, Cleaning					
			Water	7732-18-5	85.00000	0.67801	None
			Hydrochloric Acid	7647-01-0	15.00000	0.11965	None
			Water	7732-18-5	24.00000	0.00016	None
			Methanol	67-56-1	9.00000	0.00006	None
			Ethylene Glycol	107-21-1	8.40000	0.00006	None
			2-Butoxyethanol	111-76-2	8.40000	0.00006	None
			Ethoxylated Nonylphenol	68412-54-4	8.40000	0.00006	None
			Tar Bases-quinoline derivs-benzyl chloride/quaternized	72480-70-7	8.40000	0.00006	None
			Cinnamaldehyde	104-55-2	8.40000	0.00006	None
			Triethyl Phosphate	78-40-0	8.40000	0.00006	None
			N-Dimethylformamide	68-12-2	8.40000	0.00006	None
			isopropyl Alcohol	67-63-0	8.40000	0.00006	None

40/70 RCS Garnet	CAF	Proppant, Scouring, Fill					
			Crystalline Silica (quartz)	14808-60-7	97.00000	0.60375	None
KCl-1	CAF	Clay Stabilizer					
			Tetramethylammonium Chloride	75-57-0	35.00000	0.02809	None
			Methanol	67-56-1	35.00000	0.02809	None
			Water	7732-18-5	35.00000	0.02809	None
CS-2W	CAF	Clay Stabilizer					
			Water	7732-18-5	25.00000	0.02026	None
			Coca Alkyldimethylamines	61788-93-0	25.00000	0.02026	None
			Isopropanol	67-63-0	25.00000	0.02026	None
			Methanol	67-56-1	25.00000	0.02026	None
S-1	CAF	Surfactant					
			Water	7732-18-5	55.50000	0.02319	None
			Methanol	67-56-1	12.70000	0.00532	None
			Dinanylphenyl Polyoxyethylene	201602-88-2	9.10000	0.00380	None
			Poly(ethylene Oxide)	25322-68-3	9.10000	0.00380	None
			Nonylphenal Polyethylene Glycol Ether	127087-87-0	9.10000	0.00380	None
			Isopropanol	67-63-0	4.60000	0.00190	None
SI-2	CAF	Scale Inhibitor					
			Water	7732-18-5	50.00000	0.01146	None
			Phosphoric Acid	7664-38-2	16.80000	0.00385	None
			Hydrochloric Acid	7647-01-0	16.80000	0.00385	None
			Ethylene Glycol	107-21-1	12.70000	0.00292	None
			Methanol	67-56-1	3.60000	0.00083	None
			Petroleum Hydrotreated Light Distillate	64742-47-8	2.50000	0.00057	None
B-8	CAF	FR Breaker					
			Hydrogen Peroxide	7722-84-1	7.00000	0.00454	None
IC-1L	CAF	Iron Control					
			Water	7732-18-5	50.00000	0.00306	None
			Citric Acid	77-92-9	21.40000	0.00131	None
NE-1	CAF	Nonemulsifier					
			Water	7732-18-5	54.50000	0.00038	None
			Polyglycol Ethers	52624-57-4	13.60000	0.00010	None
			Isopropanol	67-63-0	13.60000	0.00010	None
			Glycol Ether EB	111-76-2	9.00000	0.00006	None
			Methanol	67-56-1	9.00000	0.00006	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)





Cementer: Fill in shaded areas.  
Operator: Fill in other items.

Oil and Gas Division

1. Operator's Name (As shown on Form P-5, Organization Report) <i>Weatherford Wireline</i>	2. RRC Operator No.	3. RRC District No.	4. County of Well Site <i>Comanche</i>
5. Field Name (Wildcat or exactly as shown on RRC records)	6. API No. <del>42</del> <i>13-033-21574</i>	7. Drilling Permit No.	
8. Lease Name <i>Nielson-Upton 3-32</i>	9. Rule 37 Case No.	10. Oil Lease/Gas ID No.	11. Well No. <i>3-32</i>

CASING CEMENTING DATA:		SURFACE CASING	INTER-MEDIATE CASING	PRODUCTION CASING		MULTI-STAGE CEMENTING PROCESS	
				Single String	Multiple Parallel Strings	Tool	Shoe
12. Cementing Date							
13. •Drilled hole size							
•Est. % wash or hole enlargement							
14. Size of casing (in. O.D.)							
15. Top of liner (ft.)							
16. Setting depth (ft.)							
17. Number of centralizers used							
18. Hrs. waiting on cement before drill-out							
1st Slurry	19. API cement used: No. of sacks ▶			2			
	Class ▶			A			
	Additives ▶						
2nd Slurry	No. of sacks ▶						
	Class ▶						
	Additives ▶						
3rd Slurry	No. of sacks ▶						
	Class ▶						
	Additives ▶						
1st	20. Slurry pumped: Volume (cu. ft.) ▶			1.3368			
	Height (ft.) ▶			10			
2nd	Volume (cu. ft.) ▶						
	Height (ft.) ▶						
3rd	Volume (cu. ft.) ▶						
	Height (ft.) ▶						
Total	Volume (cu. ft.) ▶						
	Height (ft.) ▶						
21. Was cement circulated to ground surface (or bottom of cellar) outside casing?							

22. Remarks  
*American Completion Tools Model A Premium Bridge Plug<sup>TM</sup> 010-4312-002  
 Neo-Slurry System Class A 17 PPG Cement Slurry PN 0105-300-017  
 Plug Set at 5775 10' Cement via gravity Dump Bailer*

CEMENTING TO PLUG AND ABANDON	PLUG # 1	PLUG # 2	PLUG # 3	PLUG # 4	PLUG # 5	PLUG # 6	PLUG # 7	PLUG # 8
23. Cementing date	11-12-14							
24. Size of hole or pipe plugged (in.)	5.5							
25. Depth to bottom of tubing or drill pipe (ft.)								
26. Sacks of cement used (each plug)	2							
27. Slurry volume pumped (cu. ft.)	1.33681							
28. Calculated top of plug (ft.)								
29. Measured top of plug, if tagged (ft.)								
30. Slurry wt. (lbs/gal)	17							
31. Type cement	A							

CEMENTER'S CERTIFICATE: I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this certification, that the cementing of casing and/or the placing of cement plugs in this well as shown in the report was performed by me or under my supervision, and that the cementing data and facts presented on both sides of this form are true, correct, and complete, to the best of my knowledge. This certification covers cementing data only.

Name and title of cementer's representative \_\_\_\_\_ Cementing Company \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City, \_\_\_\_\_ State, \_\_\_\_\_ Zip Code \_\_\_\_\_ Tel.: Area Code \_\_\_\_\_ Number \_\_\_\_\_ Date: mo. \_\_\_\_\_ day \_\_\_\_\_ yr. \_\_\_\_\_

OPERATOR'S CERTIFICATE: I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this certification, that I have knowledge of the well data and information presented in this report, and that data and facts presented on both sides of this form are true, correct, and complete, to the best of my knowledge. This certification covers all well data.

Chris Wadkins \_\_\_\_\_ Sr FE \_\_\_\_\_ Chris Wadkins \_\_\_\_\_  
 Typed or printed name of operator's representative \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_

607 Martin Rd \_\_\_\_\_ Woodward OK73801 \_\_\_\_\_ 580 256 3888 \_\_\_\_\_  
 Address \_\_\_\_\_ City, \_\_\_\_\_ State, \_\_\_\_\_ Zip Code \_\_\_\_\_ Tel.: Area Code \_\_\_\_\_ Number \_\_\_\_\_ Date: mo. \_\_\_\_\_ day \_\_\_\_\_ yr. \_\_\_\_\_

### Instructions to Form Cementing Report

IMPORTANT: Operators and cementing companies must comply with the requirements of the Commission's Statewide Rules 8 (Water Protection), 13 (Casing, Cementing, Drilling, and Completion), and 14 (Well Plugging). For offshore operations, see the requirements of Rule 13 (c).

A. **What to file.** An operator should file an original and one copy of the completed Form W-15 for each cementing company used on a well. The cementing of different casing strings on a well by one cementing company may be reported on one form. Form W-15 should be filed with the following:

- An initial oil or gas completion report, Form W-2 or G-1, as required by Statewide or special field rules;
- Form W-4, Application for Multiple Completion, if the well is a multiple parallel casing completion; and
- Form W-3, Plugging Record, unless the W-3 is signed by the cementing company representative. When reporting dry holes, operators must complete Form W-15, in addition to Form W-3, to show any casing cemented in the hole.

B. **Where to file.** The appropriate Commission District Office for the county in which the well is located.

C. **Surface casing.** An operator must set and cement sufficient surface casing to protect all usable-quality water strata, as defined by the Texas Department of Water Resources, Austin. Before drilling a well in any field or area in which no field rules are in effect or in which surface casing requirements are not specified in the applicable rules, an operator must obtain a letter from the Department of Water Resources stating the protection depth. Surface casing should not be set deeper than 200 feet below the specified depth without prior approval from the Commission.

D. **Centralizers.** Surface casing must be centralized at the shoe, above and below a stage collar or diverting tool, if run, and through usable-quality water zones. In nondeviated holes, a centralizer must be placed every fourth joint from the cement shoe to the ground surface or to the bottom of the cellar. All centralizers must meet API specifications.

E. **Exceptions and alternative casing programs.** The District Director may grant an exception to the requirements of Statewide Rule 13. In a written application, an operator must state the reason for the requested exception and outline an alternate program for casing and cementing through the protection depth for strata containing usable-quality water. The District Director may approve, modify, or reject a proposed program. An operator must obtain approval of any exception before beginning casing and cementing operations.

F. **Intermediate and production casing.** For specific technical requirements, operators should consult Statewide Rule 13 (b) (3) and (4).

G. **Plugging and abandoning.** Cement plugs must be placed in the wellbore as required by Statewide Rule 14. The District Director may require additional cement plugs. For onshore or inland wells, a 10-foot cement plug must be placed in the top of the well, and the casing must be cut off three feet below the ground surface. All cement plugs, except the top plug, must have sufficient slurry volume to fill 100 feet of hole, plus ten percent for each 1,000 feet of depth from the ground surface to the bottom of the plug.

To plug and abandon a well, operators must use only cementers approved by the Director of Field Operations. Cementing companies, service companies, or operators can qualify as approved cementers by demonstrating that they are able to mix and pump cement in compliance with Commission rules and regulations.