

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1249600

March 2010 This Form must be Typed Form must be Signed All blanks must be Filled

Form CP-1

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Ac	ct,
MUST be submitted with this form.	

Phone: () Plugging Contractor License #: Name: Address 1: Address 2:		woor be submitted	with this form.			
Address 1:	OPERATOR: License #:		API No. 15			
Address 1	Name:		If pre 1967, sup	oply original comp	letion date:	
Address 2:	Address 1:	Spot Descriptio	Spot Description:			
City:	Address 2.		Sec Tv	/p S. R	East West	
Contact Person:				Feet from	North /	South Line of Section
Phone: (-	Feet from East / West Line of Section			
County:			Footages Calcu	lated from Neare	st Outside Section	Corner:
Lease Name: Well #: Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #:	Phone: ()		-	NE NW	SE SW	
Check One:			,			
SWD Permit #:			Lease Name: _		Well #:	
SWD Permit #:			odic Water Supp	lv Well)ther	
Conductor Casing Size: Set at: Cemented with: Sacks Surface Casing Size: Set at: Cemented with: Sacks Production Casing Size: Set at: Cemented with: Sacks Production Casing Size: Set at: Cemented with: Sacks List (ALL) Perforations and Bridge Plug Sets: Set at: Cemented with: Sacks Elevation: (Image: Condition of Well: Good Poor Junk in Hole Casing Leak at: (Stone Conal Formation) Condition of Well: Good Poor Junk in Hole Casing Leak at: (Image: Conal Formation) Condition of Well: Good Poor Junk in Hole Casing Leak at: (Image: Conal Formation) Proposed Method of Plugging (atlach a separate page if additional space is needed): (Image: Conal Formation) (Image: Conal Formation) Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No If ACO-1 not filed, explain why: Elevations: Contractor License #: Conditions: Conditions of the State Corporation Commission Company Representative authorized to supervise plugging operations: Conal Formation: Conditress 2:<						
Surface Casing Size: Set at: Cemented with: Sacks Production Casing Size: Set at: Cemented with: Sacks List (ALL) Perforations and Bridge Plug Sets: Set at: Cemented with: Sacks Elevation: (KB) T.D: PBTD: Anhydrite Depth: (store Corral Formation) Condition of Well: Good Poor Junk in Hole Casing Leak at: (nterval) Proposed Method of Plugging (attach a separate page if additional space is needed): Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No Is ACO-1 filed? Yes No Is ACO-1 filed? Yes No Is ACO-1 not filed, explain why: Plugging of this Well will be done in accordance with K.S.A. 55-101 et, seq. and the Rules and Regulations of the State Corporation Commission Company Representative authorized to supervise plugging operations: Address:						
Production Casing Size:						
List (<i>ALL</i>) Perforations and Bridge Plug Sets: Elevation:	-					
Elevation: (] GL/ [K.B.] T.D.: PBTD: Anhydrite Depth: (Stone Carral Formation) Condition of Well: Good Poor Junk in Hole Casing Leak at: (Interval) Proposed Method of Plugging (attach a separate page if additional space is needed): (Interval) (Interval) Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No It ACO-1 not filed, explain why: It ACO-1 not filed, explain why: It ACO-1 not filed, explain why: State: Zip: + Plugging of this Well will be done in accordance with K.S.A. 55-101 et, seq. and the Rules and Regulations of the State Corporation Commission Company Representative authorized to supervise plugging operations:		_ Set at:	Ceme	nted with:		Sacks
If ACO-1 not filed, explain why: Plugging of this Well will be done in accordance with K.S.A. 55-101 et. seq. and the Rules and Regulations of the State Corporation Commission Company Representative authorized to supervise plugging operations: Address: City: State: Zip: Plugging Contractor License #: Address 1: Address 1: City: State: Zip: Phone: () Phone: () Phone: ()						
Plugging of this Well will be done in accordance with K.S.A. 55-101 et. seq. and the Rules and Regulations of the State Corporation Commission Company Representative authorized to supervise plugging operations: Address:						
Company Representative authorized to supervise plugging operations:	il ACO-1 not filed, explain why:					
Company Representative authorized to supervise plugging operations:						
Company Representative authorized to supervise plugging operations:	Plugging of this Well will be done in accordance with K.	S.A. 55-101 et. seq. and the F	Rules and Regulations	of the State Cor	poration Commiss	sion
Phone: () Name: Plugging Contractor License #: Name: Address 1: Address 2: City: State: Zip: + Phone: () Phone: ()						
Phone: () Name: Plugging Contractor License #: Name: Address 1: Address 2: City: State: Zip: + Phone: () Phone: ()	Address:	Ci	tv:	State:	Zip:	+
Plugging Contractor License #: Name:			,		r	
Address 1: Address 2:			ame.			
City: State: Zip: +						
Phone: ()						
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TIOOOSEO DALE OLEDOODO (IL KIOWI)						
	Payment of the Plugging Fee (K.A.R. 82-3-118) will be gu	iarantood by Operator or Ag	ont			

Submitted Electronically



KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT Form KSONA-1 January 2014 Form Must Be Typed Form must be Signed All blanks must be Filled

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application). Any such form submitted without an accompanying Form KSONA-1 will be returned.

Select the corresponding form being filed: C-1 (Intent) CB-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)

OPERATOR: License #	Well Location:
Name:	
Address 1:	County:
Address 2:	Lease Name: Well #:
City: State: Zip:+	If filing a Form T-1 for multiple wells on a lease, enter the legal description of
Contact Person:	the lease below:
Phone: () Fax: ()	
Email Address:	
Surface Owner Information:	
Name:	When filing a Form T-1 involving multiple surface owners, attach an additional
Address 1:	sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the
Address 2:	county, and in the real estate property tax records of the county treasurer.
City: State: Zip:+	

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.

Select one of the following:

- I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.
- I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I must provide the name and address of the surface owner by filling out the top section of this form and that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

Submitted Electronically

I

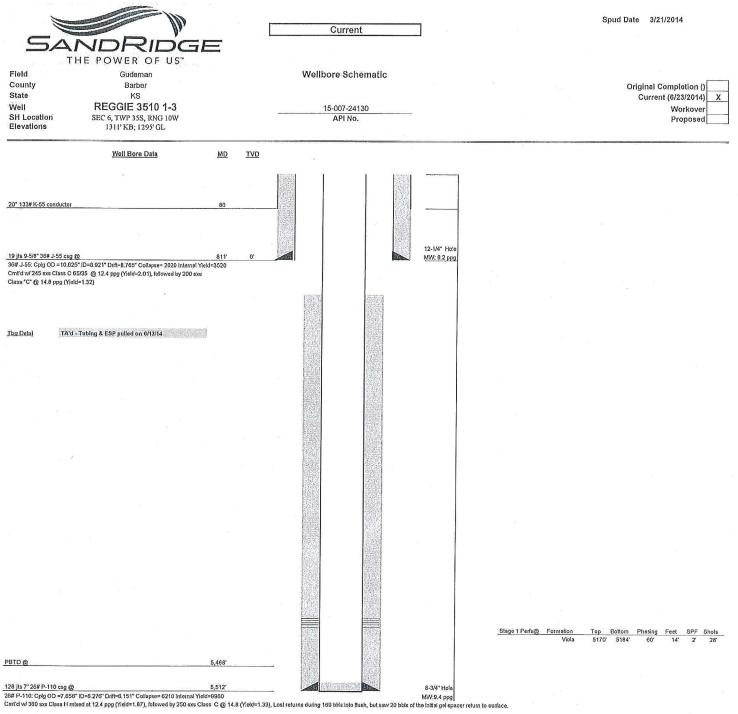
Form	CP1 - Well Plugging Application		
Operator	SandRidge Exploration and Production LLC		
Well Name	Reggie 3510 1-3		
Doc ID	1249600		

Perforations And Bridge Plug Sets

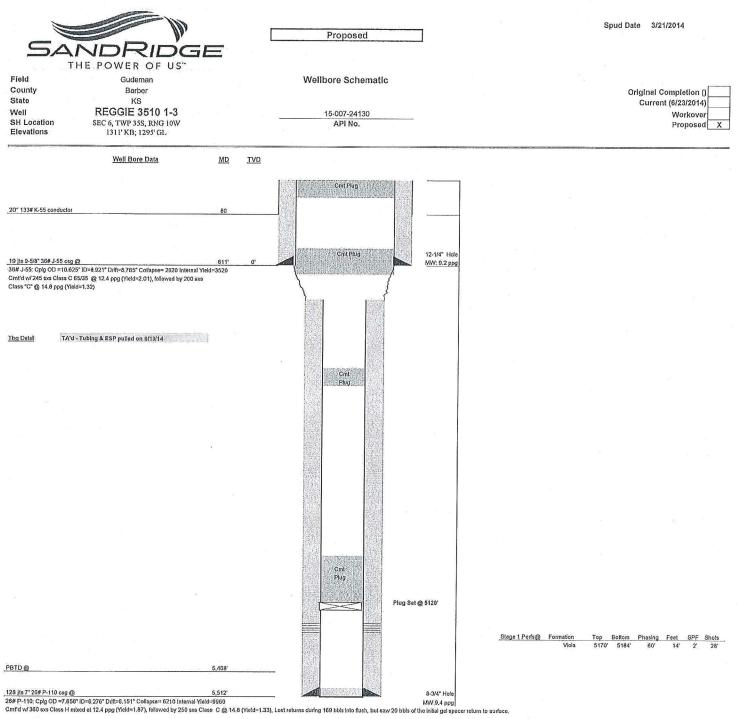
Perforation Top	Perforation Base	Formation	Bridge Plug Depth
5170	5184	Viola	

P&A procedure for the Reggie 3510 1-10 located in Barber County, Kansas

- 1. Move in Rig up workover rig.
- 2. Pull 2 joints 2-7/8" tubing.
- 3. Run in hole with 7" cast iron bridge plug and set @ 5120'. (50 ft above top perf @ 5170')
- 4. Perform MIT and pressure test.
- 5. Spot 50 amount of sacks of cement on top of cast iron bridge plug. TOC ~ 4795'
- 6. Reverse hole clean with freshwater. Circulate with plugging mud. POOH.
- 7. Pull stretch on 7" casing, determine freepoint and cut casing at collar above freepoint.
- 8. TIH with workstring and SN and spot the following cement plugs. (Estimated)
 - A. 50 sacks at 1080' depth (TOC ~ 755')
 - B. 40 sacks at 400' depth (TOC ~ 270')
 - C. ~18 sacks at 60' depth to surface
- 9. Cut casing 4' below the surface. Weld top plate on top of surface casing with weephole.
- 10. Clean and restore location.



4/8/2015





April 21, 2015

Lori A. & Robert Schrock, Trustees 174 S. Seventh Street Kiowa, KS 67070

Re: Kansas Surface Owner Notice Act (House Bill 2032)

Please find attached a draft copy of the Well Plugging Application currently pending with the KCC for approval. We plan to plug the Reggie 3510 1-3 well located in Barber County, Kansas, and you are listed as the current surface owner.

This notice is being provided pursuant to the Kansas Surface Owner Notice Act (House Bill 2032). If you have any questions, please contact us.

Sincerely,

Tiffany Golay Regulatory Technician SandRidge Energy 123 Robert S Kerr Avenue Oklahoma City, OK 73102 E: tgolay@sandridgeenergy.com

Conservation Division 266 N. Main St., Ste. 220 Wichita, KS 67202-1513



Phone: 316-337-6200 Fax: 316-337-6211 http://kcc.ks.gov/

Shari Feist Albrecht, Chair Jay Scott Emler, Commissioner Pat Apple, Commissioner Sam Brownback, Governor

April 21, 2015

Tiffany Golay SandRidge Exploration and Production LLC 123 ROBERT S. KERR AVE OKLAHOMA CITY, OK 73102-6406

Re: Plugging Application API 15-007-24130-00-00 Reggie 3510 1-3 SE/4 Sec.03-35S-10W Barber County, Kansas

Dear Tiffany Golay:

The Conservation Division has received your Well Plugging Application (CP-1).

Under K.A.R. 82-3-113(b)(2), you must notify DISTRICT 1 of your proposed plugging plan at least 5 days before plugging the well. DISTRICT 1's phone number is (620) 225-8888. Failure to notify DISTRICT 1, or failure to file a Well Plugging Record (CP-4) after the well is plugged will result in a penalty recommendation.

Under K.A.R. 82-3-600, you must file an Application for Surface Pit (CDP-1) if you wish to use a workover pit while plugging the well. Failure to timely file a CDP-1, failure to timely remove fluids, or failure to timely file Closure of Surface Pit (CDP-4) or Waste Transfer (CDP-5) forms will result in a penalty recommendation.

This receipt does NOT constitute authorization to plug this well if you do not otherwise have the legal right to do so.

This receipt is VOID after October 21, 2015. If the well is not plugged by then, you will have to submit a new CP-1 if you wish to plug the well.

The October 21, 2015 deadline does NOT override any compliance deadline given to you by Legal, District, or other Commission Staff. Failure to comply with any given deadline will still result in the Commission assessing penalties, or taking other legal action.

Sincerely, Production Department Supervisor

cc: DISTRICT 1