CORRECTION #1

Kansas Corporation Commission 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 #			API No. 15
Name:			Spot Description:
Address 1:			SecTwpS. R
Address 2:			Feet from North / South Line of Section
City: Sta	ate: Zi	ip:+	Feet from East / West Line of Section
Contact Person:			Footages Calculated from Nearest Outside Section Corner:
Phone: ()			□NE □NW □SE □SW
CONTRACTOR: License #			GPS Location: Lat:, Long:
Name:			(e.g. xx.xxxxx) (e.gxxx.xxxxxx)
Wellsite Geologist:			Datum: NAD27 NAD83 WGS84
Purchaser:			County:
Designate Type of Completion:			Lease Name: Well #:
New Well Re-l	Entry	Workover	Field Name:
	_		Producing Formation:
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW □ SIGW	Elevation: Ground: Kelly Bushing:
☐ Gas ☐ D&A	GSW	Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	dow	тетір. Ава.	Amount of Surface Pipe Set and Cemented at: Fe
Cathodic Other (Core,	. Expl., etc.);		Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info			If yes, show depth set: Fe
Operator:			If Alternate II completion, cement circulated from:
Well Name:			feet depth to:w/sx cr
Original Comp. Date:			,
Deepening Re-perf.	Conv. to E	NHR Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back	Conv. to G	SW Conv. to Producer	(Data must be collected from the Reserve Pit)
Comming to d	Da		Chloride content:ppm Fluid volume:bb
CommingledDual Completion			Dewatering method used:
SWD			Location of fluid disposal if hauled offsite:
☐ ENHR			Location of haid disposal in fladica offsite.
☐ GSW			Operator Name:
_			Lease Name: License #:
Spud Date or Date Read	ched TD	Completion Date or	Quarter Sec. TwpS. R East We
Recompletion Date		Recompletion Date	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

Confidentiality Requested:

Yes No

KCC Office Use ONLY
Confidentiality Requested
Date:
Confidential Release Date:
Wireline Log Received
Geologist Report Received
UIC Distribution
ALT I II Approved by: Date:

CORRECTION #1

Operator Name:		Lease Name:				Well #:				
Sec Twp	S. R	East V	West	County	:					
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in pres o surface test, along	sures, whether s with final chart(shut-in pre s). Attach	ssure reac extra shee	hed stati t if more	c level, hydrosta space is neede	itic pressures, bot d.	tom hole temp	erature, flui	d recovery,
Final Radioactivity Lo- files must be submitte						gs must be ema	ailed to kcc-well-lo	gs@kcc.ks.go	v. Digital el	ectronic log
Drill Stem Tests Taker (Attach Additional S		Yes	No				on (Top), Depth ar			mple
Samples Sent to Geo	logical Survey	Yes	☐ No		Nam	e		Тор	Da	tum
Cores Taken Electric Log Run		☐ Yes ☐ Yes	☐ No ☐ No							
List All E. Logs Run:										
			CASING		☐ Ne					
	0: 11-1-	· ·				ermediate, product		# O	T	d Damasat
Purpose of String	Size Hole Drilled	Size Cas Set (In O		Weig Lbs. /		Setting Depth	Type of Cement	# Sacks Used		d Percent itives
		AD	DITIONAL	CEMENTIN	NG / SQL	JEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Ce	ement	# Sacks	# Sacks Used Type and Percent Additives					
Perforate Protect Casing										
Plug Back TD Plug Off Zone										
Did you perform a hydrau	•					Yes	No (If No, ski	p questions 2 ar	nd 3)	
Does the volume of the to							= :	p question 3)	of the ACO	()
Was the hydraulic fractur	ing treatment information	on submitted to the	e chemicai d	isciosure re	gistry?	Yes	No (If No, fill	out Page Three	or the ACO-1	<i>)</i>
Shots Per Foot			- Bridge Plugs Set/Type ach Interval Perforated			Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Dept				Depth
TUBING RECORD:	Size:	Set At:		Packer A	i:	Liner Run:	Yes No			
Date of First, Resumed	Production, SWD or Ef	NHR. Prod	ducing Meth	ıod:		1				
			Flowing	Pumpin	g	Gas Lift C	Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er B	bls. (Gas-Oil Ratio		Gravity
DISPOSITIO	ON OF GAS:		M	METHOD OF	COMPLE	ETION:		PRODUCTION	ON INTERVA	
Vented Sold		Open		Perf.	Dually	Comp. Cor	mmingled			
	bmit ACO-18.)		(Specify)		(Submit)	ACO-5) (Sub	mit ACO-4)			

Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Diana SWD 3305 1-36
Doc ID	1255981

Tops

Name	Тор	Datum
Cottage Grove	3619	-2351
Oswego Limestone	3960	-2692
Cherokee Group	4088	-2820
Mississippi	4308	-3040
Kinderhook Shale	4656	-3388
Woodford	4718	-3450
Simpson Group	4747	-3479
Simpson Shale	4818	-3550
Oil Creek	4880	-3612
Arbuckle	4930	-3662
Granite	5992	-4724

Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Diana SWD 3305 1-36
Doc ID	1255981

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Conductor	30	20	75	97	grout	10	see report
Surface	12.25	9.625	36	510	Class A	340	see report
Intermedia te	8.75	7	26	5095	Class A	330	see report



Current

Spud Date 1/11/2014

Wellbore Schematic

Original Completion ()

Current X

Workover

Proposed

 Field
 Gerberding

 County
 Harper

 State
 KS

 Well
 DIANA SWD 3305 1-36

 SH Location
 SEC 36, TWP 338, RNG 5W

 Elevations
 1268' KB; 1253' GL

15-077-21988 API No.

12 1/4"

TOC @ 3850'

Arbuckle Top 4930'

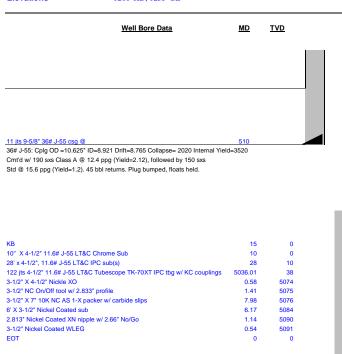
8 3/4"

6 1/8"

Cmt Plug - 6017'

Tag Fill @ 6017'

Hole



	Well History						
Date	Operations Summary						
3/3/2014	Passed MIT						
4/2/2015	RIH w/ SL tag 5971						
6/1/2015	RIH w/ CT tag 6017' pump 30 sks cement						
6/2/2015	RIH w/ SL tag 5689						

38'	0'
5017'	38'
1'	5055'
38'	5056'
11	5094'
	5,095'
	5017' 1' 38'

26# J-55: Cplg OD =7.656* ID=6.276 Drift=6.151 Collapse= 4320 Internal Yield=4980 Cmt'd w/ 140 sxs Class A mixed at 13.6 ppg (Yield=1.53), followed by 190 sxs Class A @ 15.6 (Yield=1.19), No returns to surface. Landed plug and floats held.

TD @ 6,018'



Daily Operations DIANA SWD 3305 1-36

123 Robert S. Kerr Ave. Oklahoma City, OK 73102

Report Date: 6/3/2015, Report # 4, DFS: 507.29

П	Corporate ID)	API No. Operated?					Operator		Current Well Status	Working Int (%)		
П	126330		15077	21988000	00	Yes	es SANDRIDGE EXPLORATION AND PRODUCTION LLC					SERVICE	72.738400
П	Well Type		Well Co	nfig	Dual Completion	? Divisior		Subdivision	State	County/Parish	District	Well Sub-Status	NRI (%)
П	RISKED DEVE	LOPME	SWD No			MIDC	ON	DEVELOPMENT KS HARPER				SWD	.000000
П	Township	Twnshp	N/S Dir	Range	Range E/W Dir	Section	Section Suf	Field Name			•		
	33		3	5	W	36		GERBERDING					

Daily Operations

 Report Start Date
 Report End Date

 6/2/2015 05:00
 6/3/2015 05:00

Operations at Report Time

WSI

Operations Summary

RIH w/ SL & tag cement w/ KCC as witness, FINAL REPORT

Operations Next 24 Hours

TOTP

Daily Contacts

Job Contact

Time Log											
Start Time	End Time	Dur (hr)	Cum Dur (hr)	ladc Code	Category	Dpth Start (ftKB)	Dpth End (ftKB)	Description			
05:00	13:00	8.00	8.00					WSI			
13:00	14:00	1.00	9.00					HSM JSA, MIRU Asher SLU, RU tools.			
14:00	16:00	2.00						RIH w/ 1-5/8" SB, tagged fill @ 1257" KB, POOH, inspected sample and it was a scale, pumper started the injection pump and injected 40 bbls and ran out of water and had to kick on 2 other wells to get fluid to location, RBIH w/ SL and tagged 1247' KB, POOH, started pumping PW down tbg now that we have plenty of water, pumped 65 bbls when we our psi increased to 340 psi and broke down to 35 instantly, pumped an additional 50 bbls, shut pump down, RBIH w/ SL, tagged @ 5689' KB, POOH, RDMO SLU			
16:00	05:00	13.00	24.00					TOTP. FINAL REPORT.			

Summary of Changes

Lease Name and Number: Diana SWD 3305 1-36

API/Permit #: 15-077-21988-00-00

Doc ID: 1255981

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Amount of Surface Pipe Set and Cemented at	97	510
Approved Date	05/05/2014	06/24/2015
Cementing Purpose Plug Back TD	No	Yes
CementingDepth1_PDF	-	5689-6017
CementingDepthBase1		6017
CementingDepthTop1		5689
Number Of Sacks Used for Cementing /		330
Squeezing- Line 1 Operator's Contact Name	Wanda Ledbetter	Tiffany Golay
Operator's Phone	429-5500	429-6543
Plug Back Total Depth		5689

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12 02738	//kcc/detail/operatorE ditDetail.cfm?docID=12 55981
Type Of Cement Used for Cementing / Squeezing - Line 1		Class A

Summary of Attachments

Lease Name and Number: Diana SWD 3305 1-36

API: 15-077-21988-00-00

Doc ID: 1255981

Correction Number: 1

Attachment Name

WBD



Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1202738

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 #		API No. 15	
Name:		Spot Description:	
Address 1:		SecTwpS. R 🗌 East 🗌 West	
Address 2:		Feet from North / South Line of Section	
City: State: Z	ip:+	Feet from _ East / _ West Line of Section	
Contact Person:		Footages Calculated from Nearest Outside Section Corner:	
Phone: ()		□NE □NW □SE □SW	
CONTRACTOR: License #		GPS Location: Lat:, Long:	
Name:		(e.g. xx.xxxxx) (e.gxxx.xxxxx)	
Wellsite Geologist:		Datum: NAD27 NAD83 WGS84	
Purchaser:		County:	
Designate Type of Completion:		Lease Name: Well #:	
☐ New Well ☐ Re-Entry	Workover	Field Name:	
□ Oil □ WSW □ SWD	SIOW	Producing Formation:	
Gas D&A ENHR SIGW		Elevation: Ground: Kelly Bushing:	
☐ OG ☐ GSW	Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:	
CM (Coal Bed Methane)		Amount of Surface Pipe Set and Cemented at: Feet	
Cathodic Other (Core, Expl., etc.):		Multiple Stage Cementing Collar Used? Yes No	
If Workover/Re-entry: Old Well Info as follows:		If yes, show depth set: Feet	
Operator:		If Alternate II completion, cement circulated from:	
Well Name:		feet depth to:w/sx cmt.	
Original Comp. Date: Original 7	Total Depth:		
☐ Deepening ☐ Re-perf. ☐ Conv. to E	ENHR Conv. to SWD	Drilling Fluid Management Plan	
☐ Plug Back ☐ Conv. to €	SSW Conv. to Producer	(Data must be collected from the Reserve Pit)	
Commingled Permit #:		Chloride content: ppm Fluid volume: bbls	
_		Dewatering method used:	
<u> </u>		Location of fluid disposal if hauled offsite:	
ENHR Permit #:		· ·	
GSW Permit #:		Operator Name:	
		Lease Name: License #:	
Spud Date or Date Reached TD	Completion Date or	QuarterSecTwpS. R East West	
Recompletion Date	Recompletion Date	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:	l		
Confidential Release Date:	l		
Wireline Log Received	l		
Geologist Report Received	l		
UIC Distribution			
ALT I II Approved by: Date:			