

**WELL COMPLETION FORM**
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Confidentiality Requested:

 Yes No

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 DistributionALT I II III Approved by: _____ Date: _____



1256034

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: <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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Current

Spud Date 12/24/2012

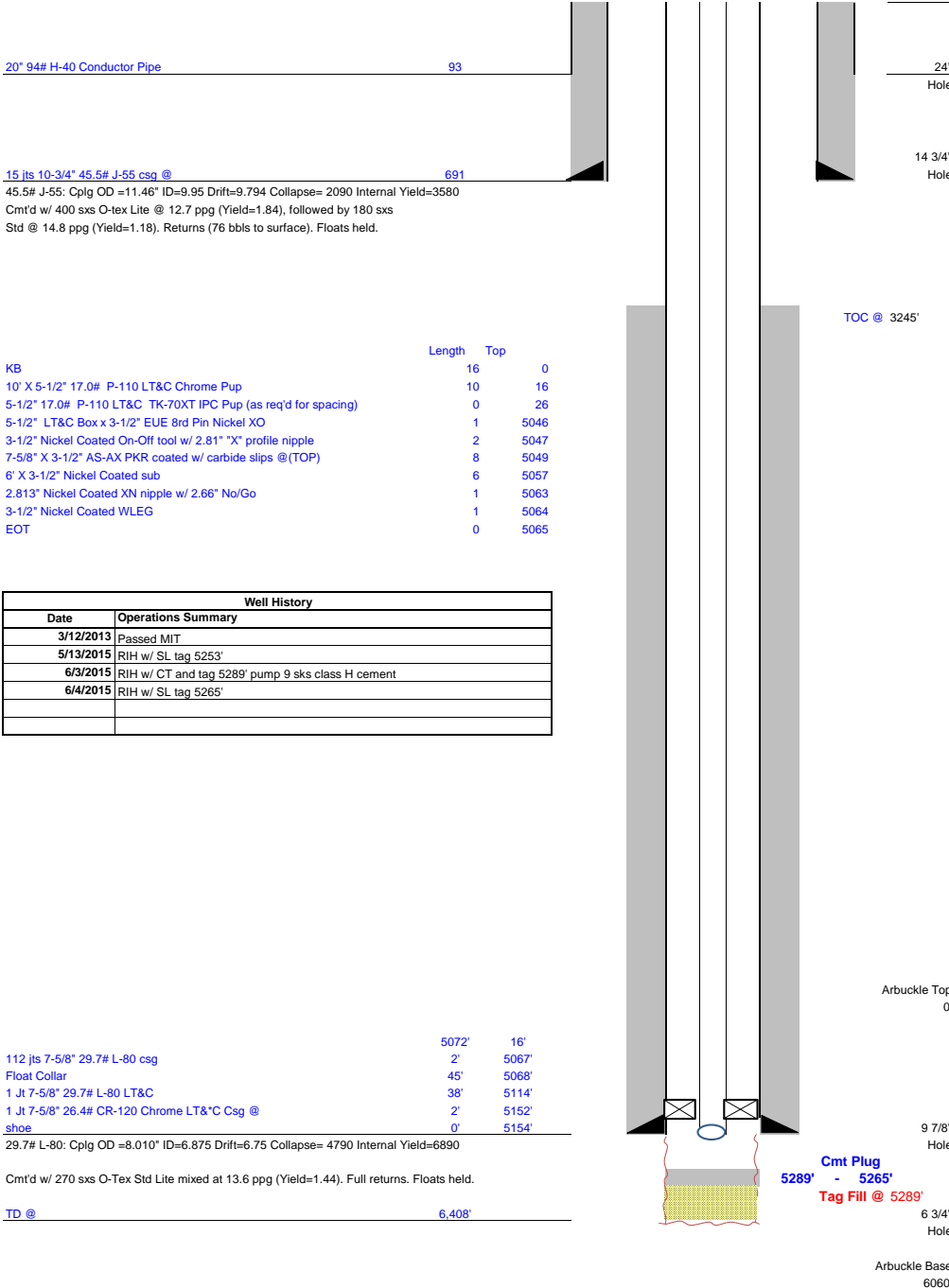
Field Waldron West
 County Harper
 State KS
 Well **ETHAN JOHN 2-5 SWD**
 SH Location SEC 5, TWP 33S, RNG 6W
 Elevations 1379' KB; 1363' GL

Wellbore Schematic

15-077-21799
 API No.

Original Completion ()	
Current	X
Workover	
Proposed	

Well Bore Data MD TVD



Well History	
Date	Operations Summary
3/12/2013	Passed MIT
5/13/2015	RIH w/ SL tag 5253'
6/3/2015	RIH w/ CT and tag 5289' pump 9 sks class H cement
6/4/2015	RIH w/ SL tag 5265'

TD @ 6,408'



Daily Operations ETHAN JOHN 2-5 SWD

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

Report Date: 6/5/2015, Report # 6, DFS: 893.21

Corporate ID 120994		API No. 15077217990000		Operated? Yes		Operator SANDRIDGE EXPLORATION AND PRODUCTION LLC			Current Well Status SERVICE		Working Int (%) 72.738400
Well Type DEVELOPMENT		Well Config SWD		Dual Completion? No		Division MIDCON		Subdivision DEVELOPMENT	State KS	County/Parish HARPER	
District	Well Sub-Status SWD	NRI (%) .000000	Township 33	Township N/S Dir S	Range 6	Range E/W Dir W	Section 5	Section Suf	Field Name WALDRON WEST		

Daily Operations

Report Start Date 6/4/2015 05:00		Report End Date 6/5/2015 05:00
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Operations at Report Time
WSI

Operations Summary
Tag cmt w/ SL 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)	Iadc Code	Category	Dpth Start (ftKB)	Dpth End (ftKB)	Description
05:00	07:00	2.00	2.00					WSI
07:00	08:00	1.00	3.00					HSM JSA, MIRU Asher SLU, RU 1-5/8" SB.
08:00	09:00	1.00	4.00					RIH w/ SL & tag cmt @ 5265' KB, KCC witness (Ken Scolfield)
09:00	05:00	20.00	24.00					WSI. FINAL REPORT.

Summary of Changes

Lease Name and Number: Ethan John 2-5 SWD

API/Permit #: 15-077-21799-00-00

Doc ID: 1256034

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	03/08/2013	06/25/2015
CasingAdd_Type_PctP DF_1		NA
CasingPurposeOfString PDF_2	surface	Surface
CasingSizeHoleDrilledP DF_1	32	30
Cementing Purpose Plug Back TD	No	Yes
CementingDepth1_PDF	-	5265-5289
CementingDepthBase1		5289
CementingDepthTop1		5265
Fracturing Question 1		No
LocationInfoLink	https://solar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=5&to	https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=5&to

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Number Of Sacks Used for Cementing / Squeezing- Line 1		270
Operator's Contact Name	Wanda Ledbetter	Tiffany Golay
Operator's Phone	429-6474	429-6543
Plug Back Total Depth		5265
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1113599	../../../../kcc/detail/operatorEditDetail.cfm?docID=1256034
Type Of Cement Used for Cementing / Squeezing - Line 1		O-Tex Std Lite

Summary of Attachments

Lease Name and Number: Ethan John 2-5 SWD

API: 15-077-21799-00-00

Doc ID: 1256034

Correction Number: 1

Attachment Name

WBD



CONFIDENTIAL

WELL COMPLETION FORM

Form Must Be Typed
Form must be Signed
All blanks must be Filled

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: _____

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_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

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AFFIDAVIT

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Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____