



Confidentiality Requested:

Yes  No

**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: \_\_\_\_\_



1256037

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> <i>(Submit ACO-4)</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	Jill SWD 3406 2-8
Doc ID	1256037

Tops

Name	Top	Datum
Base Heebner	3270	-1962
Tonkawa	3664	-2336
Cottage Grove	3902	-2594
Oswego Limestone	4225	-2917
Cherokee Group	4350	-3042
Mississippi Unconformity	4574	-3267
Mississippi	4600	-3292
Kinderhook	4950	-3642
Woodford	5014	-3706
Viola Limestone/Dolomite	5044	-3736
Simpson	5065	-3842
Arbuckle	5246	-3938



Current

Spud Date 5/5/2013

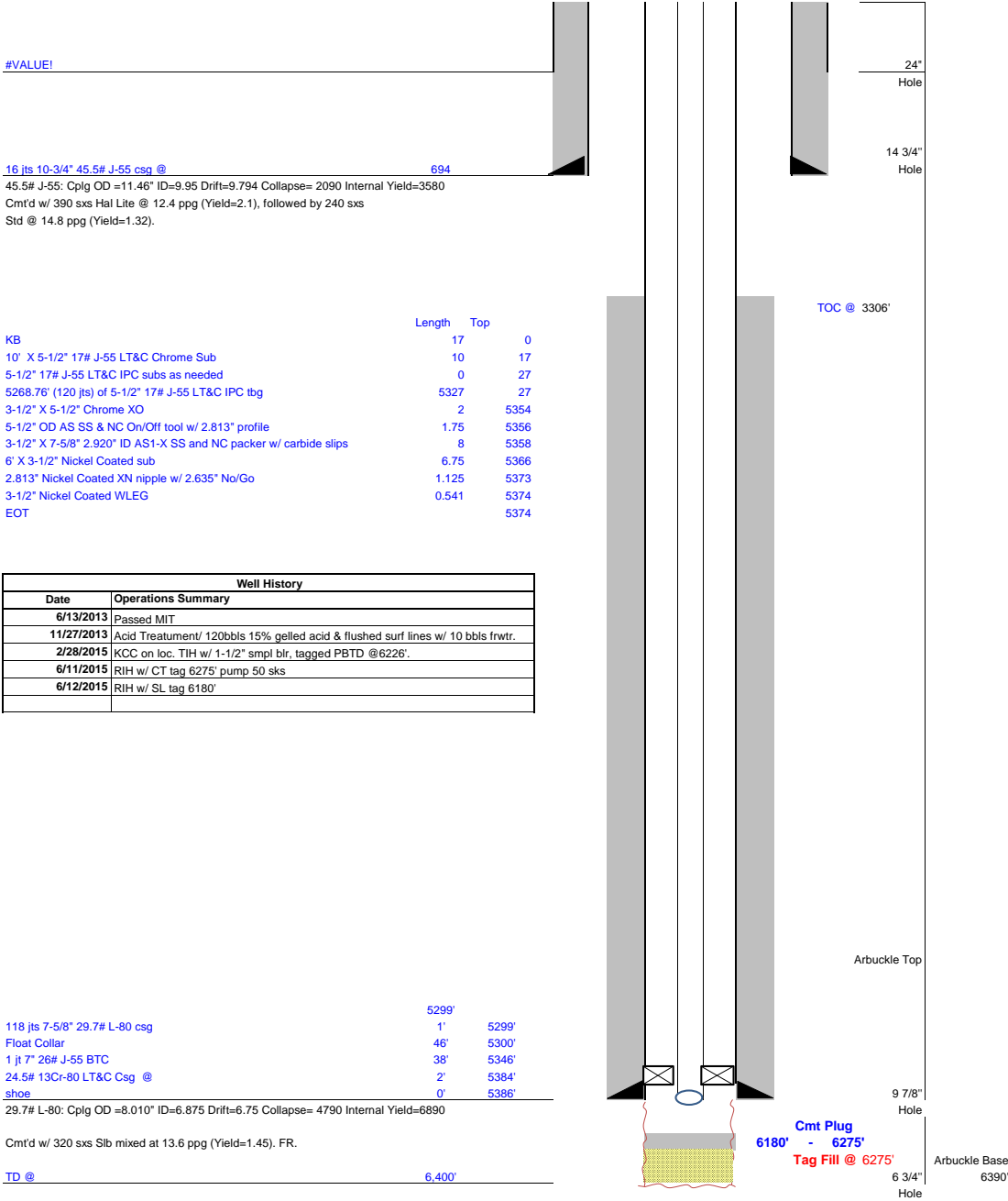
Field Eastham  
 County Harper  
 State KS  
 Well **JILL SWD 3406 2-8**  
 SH Location SEC 8, TWP 34S, RNG 6W  
 Elevations 1304' KB; 1288' GL

**Wellbore Schematic**

15-077-21926  
 API No.

Original Completion ()	
Current	X
Workover	
Proposed	

Well Bore Data      MD      TVD





# Daily Operations

## JILL SWD 3406 2-8

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

Report Date: 6/13/2015, Report # 4, DFS: 768.29

Corporate ID 123688	API No. 15077219260000	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 34	Twnshp N/S Dir S	Range 6	Range E/W Dir W	Section 8	Section Suf	Field Name WILDCAT			

### Daily Operations

Report Start Date 6/12/2015 05:00	Report End Date 6/13/2015 05:00
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Operations at Report Time  
WSI

Operations Summary  
RIH & tag cmt w/ SL @ 6180' KB w/ KCC rep (Ken Scolfield) witness. POOH. RDMO SLU. TOTP. FINAL REPORT

Operations Next 24 Hours  
TOTP

### Daily Contacts

Job Contact
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### Time Log

Start Time	End Time	Dur (hr)	Cum Dur (hr)	Iadc Code	Category	Dpth Start (ftKB)	Dpth End (ftKB)	Description
05:00	09:00	4.00	4.00					WSI
09:00	10:00	1.00	5.00					HSM JSA, MIRU SLU, RIH & tag cmt @ 6180' KB w/ Ken Scolfield (KCC) rep as witness, POOH, RDMO SLU.  KCC witness- Ken Scolfield <b>Tag cmt - 6180' KB</b>
10:00	05:00	19.00	24.00					TOTP

## Summary of Changes

Lease Name and Number: Jill SWD 3406 2-8

API/Permit #: 15-077-21926-00-00

Doc ID: 1256037

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	08/26/2013	06/25/2015
CasingAdd_Type_PctPDF_1		NA
CasingPurposeOfStringPDF_1	conductor	Conductor
CasingPurposeOfStringPDF_2	surface	Surface
Cementing Purpose Plug Back TD	No	Yes
CementingDepth1_PDF	-	6180-6275
CementingDepthBase1		6275
CementingDepthTop1		6180
Contractor License Number	34668	35089
Contractor Name	LaMunyon Drilling, LLC	International Petroleum Services LLC

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Fracturing Question 1		No
LocationInfoLink	<a href="https://solar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=8&amp;to">https://solar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=8&amp;to</a>	<a href="https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=8&amp;to">https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=8&amp;to</a>
Number Of Sacks Used for Cementing / Squeezing- Line 1		320
Operator's Contact Name	Wanda Ledbetter	Tiffany Golay
Operator's Phone	429-5500	429-6543
Plug Back Total Depth		6180
Production Interval #1	5386 - 6400	5386 - 6180
Save Link	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1155591">../..kcc/detail/operatorEditDetail.cfm?docID=1155591</a>	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1256037">../..kcc/detail/operatorEditDetail.cfm?docID=1256037</a>
Type Of Cement Used for Cementing / Squeezing - Line 1		Slb

## Summary of Attachments

Lease Name and Number: Jill SWD 3406 2-8

API: 15-077-21926-00-00

Doc ID: 1256037

Correction Number: 1

Attachment Name

WBD





**CONFIDENTIAL**

**WELL COMPLETION FORM**

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

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Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

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- Conv. to GSW
- Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
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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**

- Letter of Confidentiality Received  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
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- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_