



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: _____



1256044

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:
 Flowing Pumping Gas Lift Other *(Explain)* _____

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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Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Jill SWD 3406 1-8
Doc ID	1256044

Tops

Name	Top	Datum
Base Heebner	3270	-1962
Tonkawa	3644	-2336
Cottage Grove	3902	-2594
Oswego Limestone	4225	-2917
Cherokee Group	4350	-3042
Mississippi Unconformity	4575	-3267
Mississippi	4600	-3292
Kinderhook Shale	4950	-3642
Woodford	5014	-3706
Viola Limestone/Dolomite	5044	-3736
Simpson	5065	-3842
Arbuckle Group	5246	-3938



Current

Spud Date 2/25/2013

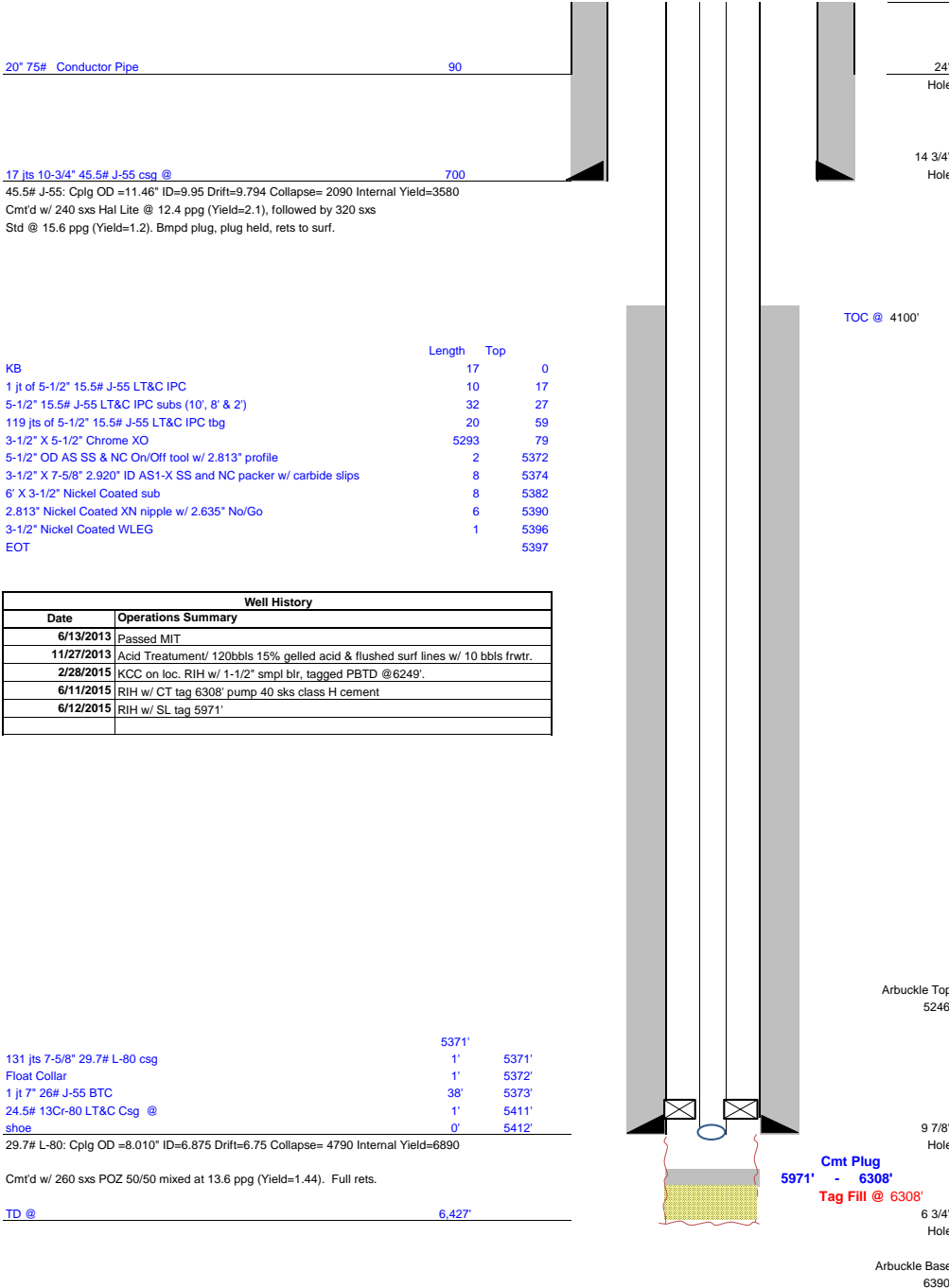
Field Eastham
 County Harper
 State KS
 Well **JILL SWD 3406 1-8**
 SH Location SEC 8, TWP 34S, RNG 6W
 Elevations 1305' KB; 1289' GL

Wellbore Schematic

15-077-21910
 API No.

Original Completion ()	
Current	X
Workover	
Proposed	

Well Bore Data MD TVD



	Length	Top
KB	17	0
1 jt of 5-1/2" 15.5# J-55 LT&C IPC	10	17
5-1/2" 15.5# J-55 LT&C IPC subs (10', 8' & 2')	32	27
119 jts of 5-1/2" 15.5# J-55 LT&C IPC tbg	20	59
3-1/2" X 5-1/2" Chrome XO	5293	79
5-1/2" OD AS SS & NC On/Off tool w/ 2.813" profile	2	5372
3-1/2" X 7-5/8" 2.920" ID AS1-X SS and NC packer w/ carbide slips	8	5374
6' X 3-1/2" Nickel Coated sub	8	5382
2.813" Nickel Coated XN nipple w/ 2.635" No/Go	6	5390
3-1/2" Nickel Coated WLEG	1	5396
EOT		5397

Well History	
Date	Operations Summary
6/13/2013	Passed MIT
11/27/2013	Acid Treatment/ 120bbls 15% gelled acid & flushed surf lines w/ 10 bbls frwr.
2/28/2015	KCC on loc. RIH w/ 1-1/2" smpl btr, tagged PBTD @6249'.
6/11/2015	RIH w/ CT tag 6308' pump 40 sks class H cement
6/12/2015	RIH w/ SL tag 5971'



Daily Operations

JILL SWD 3406 1-8

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

Report Date: 6/13/2015, Report # 4, DFS: 838.19

Corporate ID 123689	API No. 15077219100000	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 EASTHAM			

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 w/ SL & tag @5971' KB, 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	08:00	3.00	3.00					WSI
08:00	09:00	1.00	4.00					HSM JSA, MIRU SLU, RIH & tag cmt @ 5971' w/ Ken Scolfield (KCC) rep as witness, POOH, RDMO SLU. KCC witness- Ken Scolfield Tag cmt - 5971' KB
09:00	05:00	20.00	24.00					TOTP

Summary of Changes

Lease Name and Number: Jill SWD 3406 1-8

API/Permit #: 15-077-21910-00-00

Doc ID: 1256044

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	06/13/2013	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	-	5971-6308
CementingDepthBase1		6308
CementingDepthTop1		5971
Fracturing Question 1		No
LocationInfoLink	https://solar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=8&to	https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=8&to

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Number Of Sacks Used for Cementing / Squeezing- Line 1		260
Operator's Contact Name	Wanda Ledbetter	Tiffany Golay
Operator's Phone	429-5500	429-6543
Plug Back Total Depth		5971
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1137613	../../../../kcc/detail/operatorEditDetail.cfm?docID=1256044
Type Of Cement Used for Cementing / Squeezing - Line 1		Poz 50/50

Summary of Attachments

Lease Name and Number: Jill SWD 3406 1-8

API: 15-077-21910-00-00

Doc ID: 1256044

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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- Gas D&A ENHR SIGW
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- Cathodic Other (Core, Expl., etc.): _____

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- Conv. to GSW
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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
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____