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:	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:
	Producing Formation:
Oil	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?
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 Total Depth:	
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
Demois #	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	Location of fluid disposal if fladied offsite.
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R
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 III Approved by: Date:

CORRECTION #1

Operator Name:			L	ease Name: _			Well #:	
Sec Twp	S. R	East We	est C	County:				
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in pres	sures, whether sh	ut-in pressur	e reached stati	c level, hydrosta	tic pressures, bott		
Final Radioactivity Lo files must be submitted					gs must be ema	iled to kcc-well-log	gs@kcc.ks.go	. Digital electronic log
Drill Stem Tests Taker (Attach Additional		Yes	No	L		n (Top), Depth an		Sample
Samples Sent to Geo	logical Survey	Yes	No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		Yes Yes	No No					
List All E. Logs Run:								
		(	CASING REC	ORD Ne	w Used			
		· ·		ıctor, surface, inte	ermediate, producti		T	
Purpose of String	Size Hole Drilled	Size Casin Set (In O.D		Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
		ADD	ITIONAL CEN	MENTING / SQL	JEEZE RECORD			
Purpose:	Depth Top Bottom	Type of Cem	ent #	Sacks Used		Type and Pe	ercent Additives	
Perforate Protect Casing	100 20111111							
Plug Back TD Plug Off Zone								
1 lag on zono								
Did you perform a hydrau	ulic fracturing treatment	on this well?			Yes	No (If No, ski)	o questions 2 ar	nd 3)
Does the volume of the to		•				_	o question 3)	(" 100 ")
Was the hydraulic fractur	ing treatment information	on submitted to the c	hemical disclo	sure registry?	Yes	No (If No, fill o	out Page Three	of the ACO-1)
Shots Per Foot		ION RECORD - Bri Footage of Each Int				cture, Shot, Cement		d Depth
	, ,				,		,	
TUBING RECORD:	Size:	Set At:	Pa	acker At:	Liner Run:			
						Yes No		
Date of First, Resumed	Production, SWD or Ef		cing Method: owing	Pumping	Gas Lift C	ther <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil	Bbls. G	as Mcf	Wate	er Bl	ols. G	ias-Oil Ratio	Gravity
DIODOCITI	ON OF CAS:		, 4 CT - 1		TION:		DRODUCTIO	AN INTEDVAL.
Vented Solo	ON OF GAS:  Used on Lease	Open Ho		IOD OF COMPLE $\Box$		nmingled	PHODUCIIC	ON INTERVAL:
	bmit ACO-18.)	Other (S	necify)	(Submit		mit ACO-4)		

Form	ACO1 - Well Completion	
Operator	SandRidge Exploration and Production LLC	
Well Name	Iron Horse SWD 3306 1-14	
Doc ID	1257299	

## All Electric Logs Run

Prizm	
Resistivity	
Porosity	
Mud	

Form	ACO1 - Well Completion	
Operator	SandRidge Exploration and Production LLC	
Well Name	Iron Horse SWD 3306 1-14	
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### Tops

Name	Тор	Datum
Base Heebner	3175	
Lansing	3526	
Cottage Grove	3778	
Swope	3969	
Hertha	3987	
Marmaton	4086	
Oswego Limestone	4101	
Pawnee	4161	
Fort Scott	4211	
Cherokee	4224	
Verdigris	4242	
Mississippi	4413	
Kinderhook Shale	4759	
Woodford	4832	
Simpson Group	4859	
Simpson Shale	4932	
Oil Creek	5019	
Arbuckle Group	5053	

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### Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Conductor	30	20	75	80	А	9	n/a
Surface	12.25	8.625	24	631	A	355	2% CaCl, 0.25 lbs Cell-O- Seal, 35% Poz blend
Production	7.875	5.5	17	5240	65.35 class A: Poz blend	710	6% gel, 0.6% FL- 160, 5# kolseal, 0.1% SA- 45

### **Summary of Changes**

Lease Name and Number: Iron Horse SWD 3306 1-14

API/Permit #: 15-077-21973-00-00

Doc ID: 1257299

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value	
Approved Date	01/08/2014	07/08/2015	
Date of First or Resumed Production or		1/10/2014	
SWD or Enhr LocationInfoLink	https://solar.kgs.ku.edu/kcc/detail/locationInform	https://kolar.kgs.ku.edu/kcc/detail/locationInform	
Producing Method Other	ation.cfm?section=14&t No	ation.cfm?section=14&t Yes	
Producing Method Other Detail		SWD	
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=11	//kcc/detail/operatorE ditDetail.cfm?docID=12	
Tubing Packer At	75167	57299 5221	
Tubing Record - Set At		5236	
Tubing Size		3.5	



Confidentiality Requested:

Yes No

### Kansas Corporation Commission Oil & Gas Conservation Division

1175167

Form ACO-1
August 2013
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# CONFIDENTIAL WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

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Designate Type of Completion:	Lease Name: Well #:
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:
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Gas D&A ENHR SIGW	Elevation: Ground: Kelly Bushing:
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☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
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Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	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
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**Submitted Electronically** 

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