

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1267568
OIL & GAS CONSERVATION DIVISION

Form ACO-1
November 2016

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

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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD
 Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

1267568

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Geologist Report / Mud Logs	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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)*

Date of first Production/Injection or Resumed Production/Injection:	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>			PRODUCTION INTERVAL: Top _____ Bottom _____	

Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:
----------------	-------	---------	------------

Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Karla SWD 2922 1-1
Doc ID	1267568

Tops

Name	Top	Datum
Base Heebner	4330	
Lansing	4488	
Cherokee	5080	
Mississippian	5201	
Warsaw	5259	
Osage	5368	
Viola	5824	
Arbuckle	6077	



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

Daily Operations

KARLA 2922 SWD 1-1

Report Date: 9/16/2015, Report # 5, DFS: 1,107.21

Corporate ID 121818		API No. 15057208350000		Operated? Yes		Operator SANDRIDGE EXPLORATION AND PRODUCTION LLC			Current Well Status INACTIVE		Working Int (%) 75.000000
Well Type RISKED DEVELOPME...		Well Config SWD		Dual Completion? No		Division MIDCON		Subdivision DEVELOPMENT	State KS	County/Parish FORD	
District	Well Sub-Status PENDING TA	NRI (%) .000000	Township 29	Township N/S Dir S	Range 22	Range E/W Dir W	Section 1	Section Suf	Field Name BUCKLIN		

Daily Operations

Report Start Date 9/15/2015 05:00	Report End Date 9/16/2015 05:00
--------------------------------------	------------------------------------

Operations at Report Time
WSI

Operations Summary
MIRU SLU and SB tool. RIH and tag TOC @ 6818'. POOH. KCC on location as witness. RDMO SLU. TOTP. 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	09:00	4.00	4.00					WSI
09:00	10:00	1.00	5.00					HSM JSA, MIRU Asher SLU, MU 1.5" SB tool, RIH and tag TOC @ 6813' KB, POOH, RDMO SLU. TOC @ 6813' KB KCC witness - Larry Harris
10:00	05:00	19.00	24.00					TOTP. FINAL REPORT.



Current

Spud Date 9/4/2012

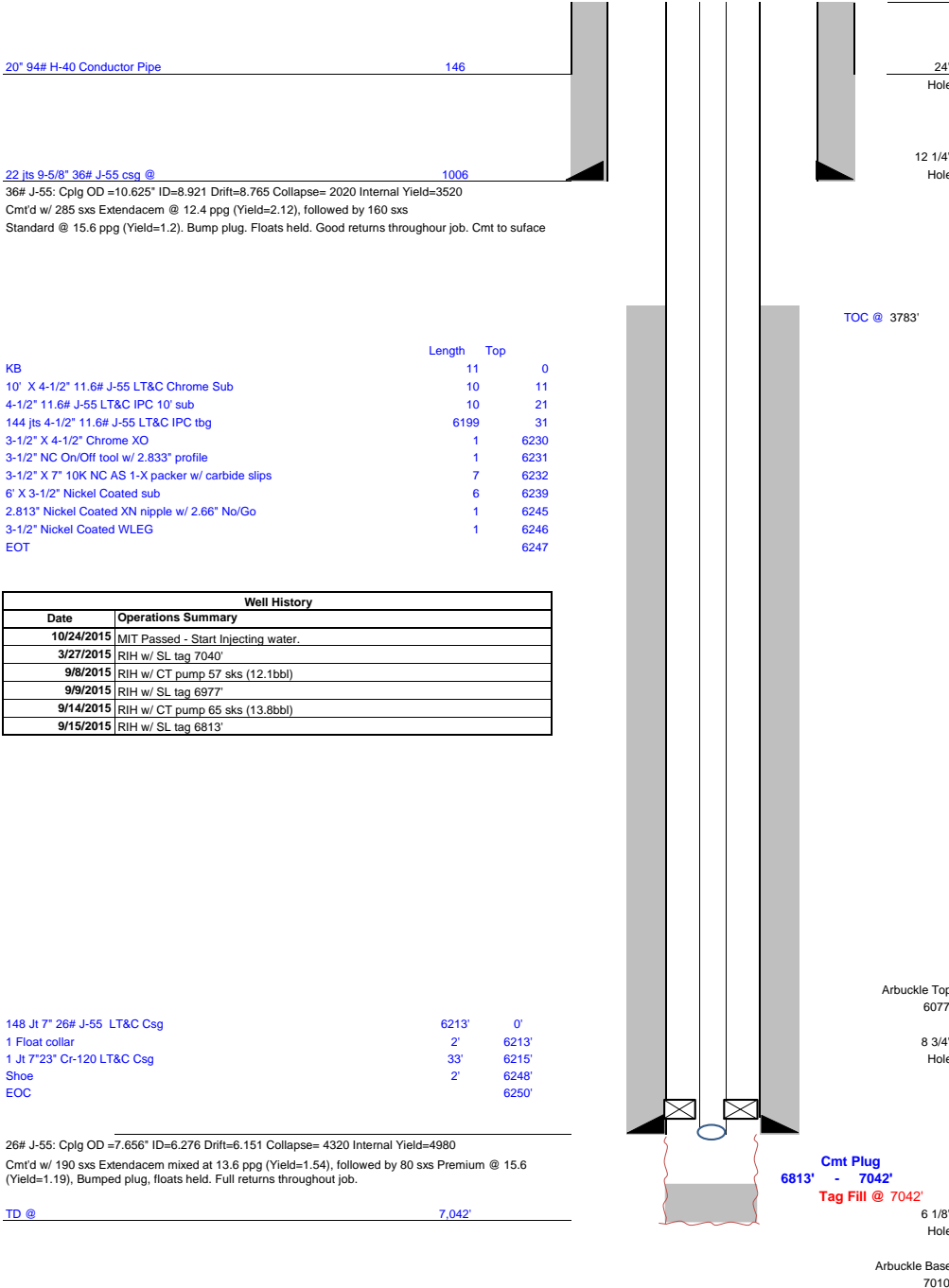
Field Bucklin
 County Ford
 State KS
 Well **KARLA 2922 SWD 1-1**
 SH Location SEC 1, TWP 29S, RNG 22W
 Elevations 2446' KB; 2435' GL

Wellbore Schematic

15-057-20835
 API No.

Original Completion ()	
Current	X
Workover	
Proposed	

Well Bore Data MD TVD



20" 94# H-40 Conductor Pipe 146

22 jts 9-5/8" 36# J-55 csg @ 1006

36# J-55: Cplg OD =10.625" ID=8.921 Drift=8.765 Collapse= 2020 Internal Yield=3520
 Cmt'd w/ 285 sxs Extendacem @ 12.4 ppg (Yield=2.12), followed by 160 sxs
 Standard @ 15.6 ppg (Yield=1.2). Bump plug. Floats held. Good returns throughout job. Cmt to surface

	Length	Top
KB	11	0
10' X 4-1/2" 11.6# J-55 LT&C Chrome Sub	10	11
4-1/2" 11.6# J-55 LT&C IPC 10' sub	10	21
144 jts 4-1/2" 11.6# J-55 LT&C IPC tbg	6199	31
3-1/2" X 4-1/2" Chrome XO	1	6230
3-1/2" NC On/Off tool w/ 2.833" profile	1	6231
3-1/2" X 7" 10K NC AS 1-X packer w/ carbide slips	7	6232
6' X 3-1/2" Nickel Coated sub	6	6239
2.813" Nickel Coated XN nipple w/ 2.66" No/Go	1	6245
3-1/2" Nickel Coated WLEG	1	6246
EOT		6247

Well History	
Date	Operations Summary
10/24/2015	MIT Passed - Start Injecting water.
3/27/2015	RIH w/ SL tag 7040'
9/8/2015	RIH w/ CT pump 57 sxs (12.1bbl)
9/9/2015	RIH w/ SL tag 6977'
9/14/2015	RIH w/ CT pump 65 sxs (13.8bbl)
9/15/2015	RIH w/ SL tag 6813'

148 Jt 7" 26# J-55 LT&C Csg 6213' 0'

1 Float collar 2' 6213'

1 Jt 7"23" Cr-120 LT&C Csg 33' 6215'

Shoe 2' 6248'

EOC 6250'

26# J-55: Cplg OD =7.656" ID=6.276 Drift=6.151 Collapse= 4320 Internal Yield=4980
 Cmt'd w/ 190 sxs Extendacem mixed at 13.6 ppg (Yield=1.54), followed by 80 sxs Premium @ 15.6
 (Yield=1.19). Bumped plug, floats held. Full returns throughout job.

TD @ 7.042'

Cmt Plug 6813' - 7042'
 Tag Fill @ 7042'