

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1269237
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

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: _____

1269237

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 Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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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:	
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Daily Operations

ISABEL SWD 1-22

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

Report Date: 9/24/2015, Report # 4, DFS: 1,069.83

Corporate ID 121729	API No. 15069204010000	Operated? Yes	Operator SANDRIDGE EXPLORATION AND PRODUCTION LLC				Current Well Status INACTIVE	Working Int (%) 75.000000	
Well Type	Well Config SWD	Dual Completion? No	Division MIDCON	Subdivision DEVELOPMENT	State KS	County/Parish GRAY	District	Well Sub-Status PENDING TA	NRI (%) .000000
RISKED DEVELOPME...			Field Name PENDLETON						
Township 27	Twnshp N/S Dir S	Range 29	Range E/W Dir W	Section 22	Section Suf				

Daily Operations

Report Start Date 9/23/2015 05:00	Report End Date 9/24/2015 05:00
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Operations at Report Time
WSI

Operations Summary
MIRU SL and SB tool. RIH and tag TOC @ 6785'. POOH. RDMO SLU. Secure well. TOTP. FINAL REPORT.

Operations Next 24 Hours
TOTP

Daily Contacts

Job Contact

Time Log

Start Time	End Time	Dur (hr)	Cum Dur (hr)	ladc 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 @ 6785', POOH, RDMO SLU, secure well.
10:00	05:00	19.00	24.00					TOTP. FINAL REPORT.



Current

Spud Date 10/19/2012

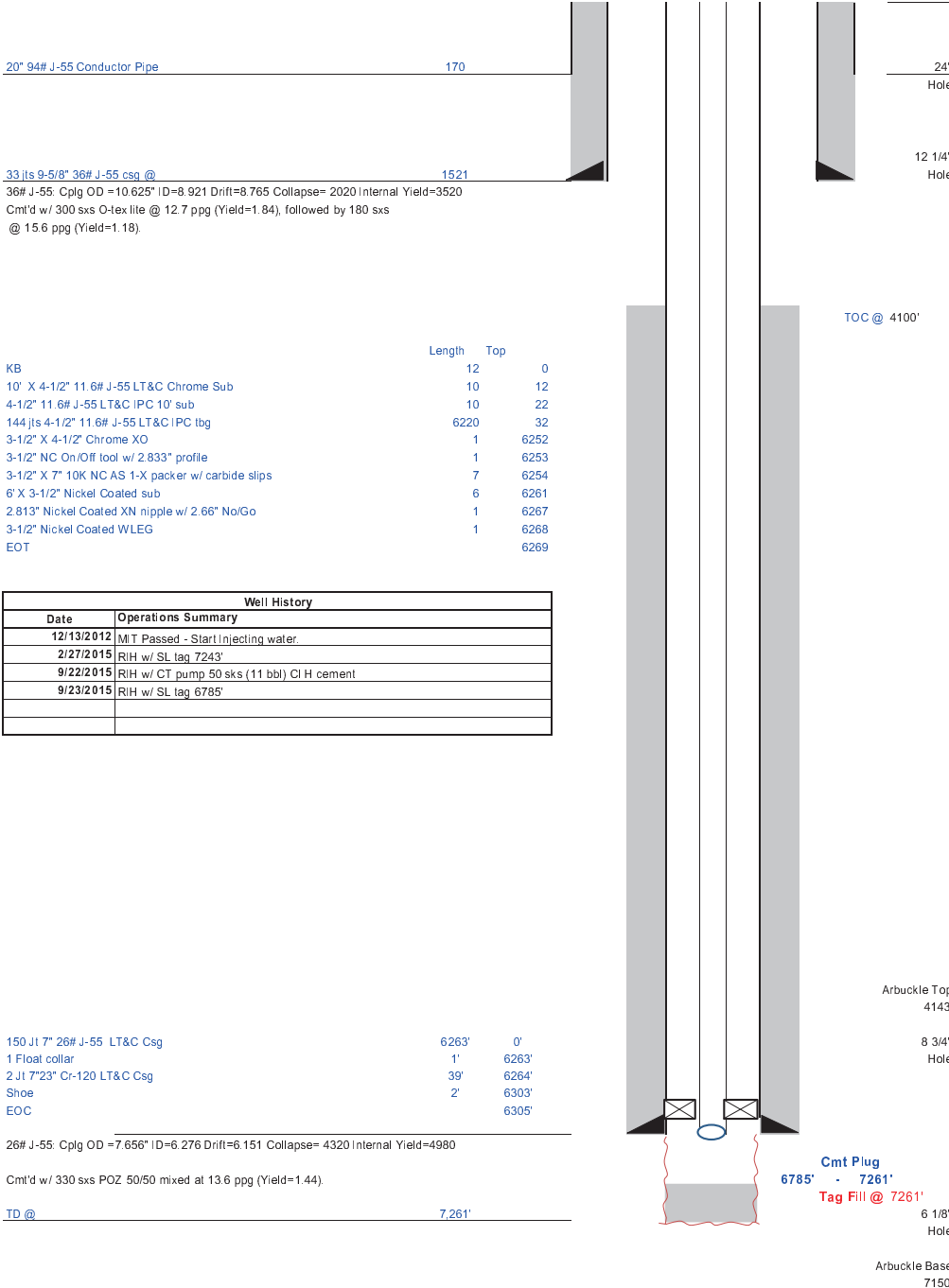
Field Pendleton
 County Gray
 State KS
 Well **ISABEL SWD 1-22**
 SH Location SEC 22, TWP 27S, RNG 29W
 Elevations 2749' KB; 2737' GL

Wellbore Schematic

15-069-20401
 API No.

Original Completion ()	
Current	X
Workover	
Proposed	

Well Bore Data MD TVD



20" 94# J-55 Conductor Pipe 170

33 jts 9-5/8" 36# J-55 csg @ 1521
 36# J-55 Cplg OD = 10.625" ID = 8.921 Drift = 8.765 Collapse = 2020 Internal Yield = 3520
 Cmt'd w/ 300 sxs O-tex tile @ 12.7 ppg (Yield = 1.84), followed by 180 sxs @ 15.6 ppg (Yield = 1.18).

	Length	Top
KB	12	0
10' X 4-1/2" 11.6# J-55 LT&C Chrome Sub	10	12
4-1/2" 11.6# J-55 LT&C IPC 10' sub	10	22
144 jts 4-1/2" 11.6# J-55 LT&C IPC tbg	6220	32
3-1/2" X 4-1/2" Chrome XO	1	6252
3-1/2" NC On/Off tool w/ 2.833" profile	1	6253
3-1/2" X 7" 10K NC AS 1-X packer w/ carbide slips	7	6254
6' X 3-1/2" Nickel Coated sub	6	6261
2.813" Nickel Coated XN nipple w/ 2.66" No/Go	1	6267
3-1/2" Nickel Coated WLEG	1	6268
EOT		6269

Well History	
Date	Operations Summary
12/13/2012	MIT Passed - Start Injecting water.
2/27/2015	RIH w/ SL tag 7243'
9/22/2015	RIH w/ CT pump 50 sxs (11 bbl) CI H cement
9/23/2015	RIH w/ SL tag 6785'

150 Jt 7" 26# J-55 LT&C Csg 6263' 0'
 1 Float collar 1' 6263'
 2 Jt 7" 23" Cr-120 LT&C Csg 39' 6264'
 Shoe 2' 6303'
 EOC 6305'

26# J-55 Cplg OD = 7.656" ID = 6.276 Drift = 6.151 Collapse = 4320 Internal Yield = 4980

Cmt'd w/ 330 sxs POZ 50/50 mixed at 13.6 ppg (Yield = 1.44).

TD @ 7,261'

Cmt Plug 6785' - 7261'
 Tag Fill @ 7261'