



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Confidentiality Requested:
 Yes No

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: _____

1278094

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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Daily Operations

MACY 1-34 SWD

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

Report Date: 8/15/2015, Report # 8, DFS: 1,276.21

Corporate ID 120681		API No. 15077217700000		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	Township N/S Dir S	Range 8	Range E/W Dir W	Section 34	Section Suf	Field Name WILDCAT

Daily Operations

Report Start Date 8/14/2015 05:00	Report End Date 8/15/2015 05:00
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Operations at Report Time
WSI

Operations Summary
MIRU SLU. RU SB tool. RIH w/ SL. Tag TOC @ 6465'. 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)	ladc Code	Category	Dpth Start (ftKB)	Dpth End (ftKB)	Description
05:00	11:00	6.00	6.00					WSI
11:00	12:00	1.00	7.00					HSM JSA, MIRU Asher SLU, RU 1 5/8" SB tool, RIH w/ SL and tag TOC @ 6533', POOH, RDMO SLU. TOC tag w/ SL- 6465' KB KCC rep- Steve VanGieson
12:00	05:00	17.00	24.00					TOTP. FINAL REPORT.



Current

Spud Date 2/16/2012

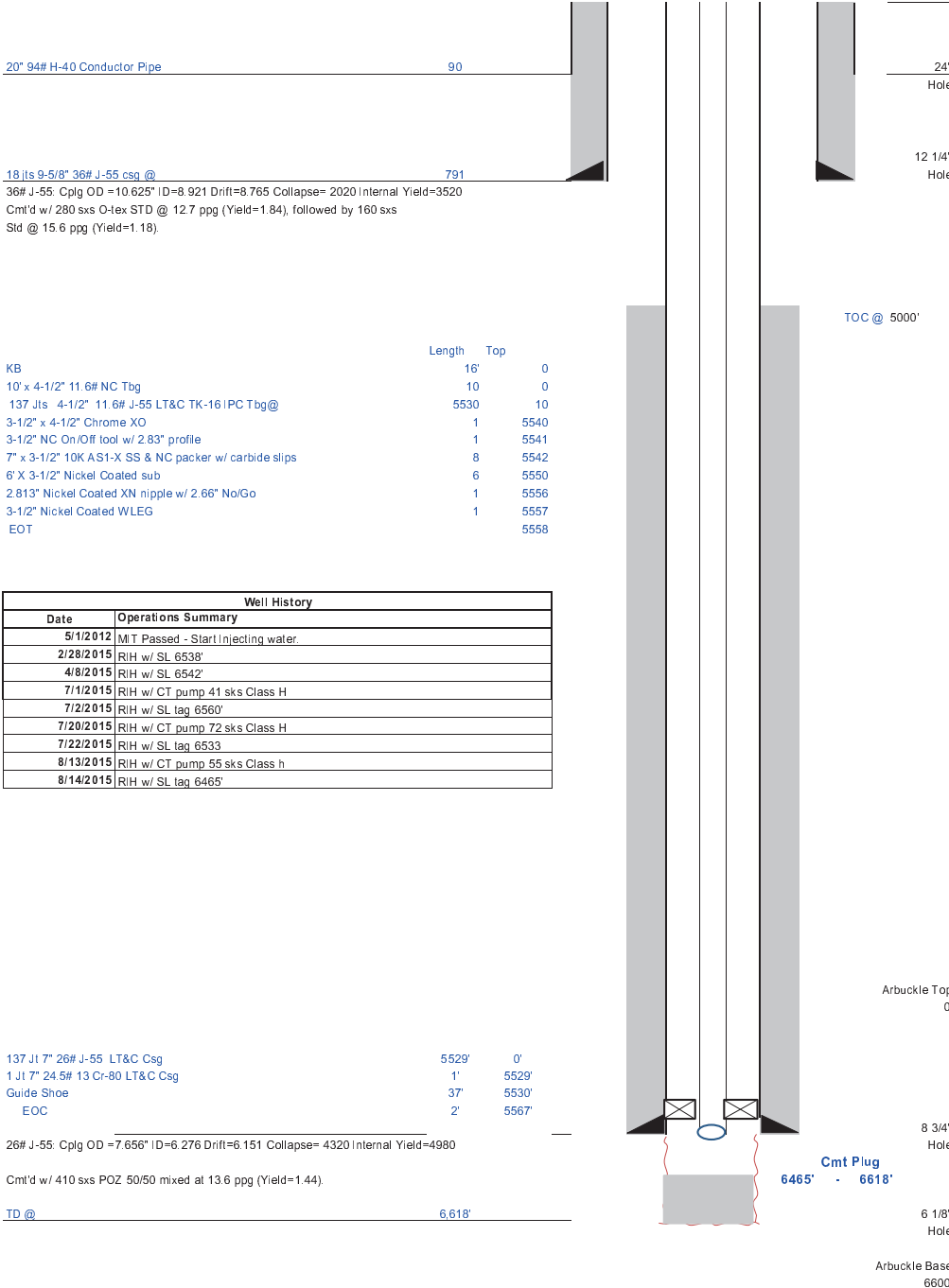
Field Stranathan
 County Harper
 State KS
 Well **MACY 1-34 SWD**
 SH Location SEC 34, TWP 34S, RNG 8W
 Elevations 1235' KB; 1219' GL

Wellbore Schematic

15-077-21770
 API No.

Original Completion ()	
Current	X
Workover	
Proposed	

Well Bore Data MD TVD



Length	Top
16'	0
10'	0
137 Jls	10
3-1/2" x 4-1/2" Chrome XO	5530
3-1/2" NC On/Off tool w/ 2.83" profile	1
7" x 3-1/2" 10K ASI-X SS & NC packer w/ carbide slips	1
6" X 3-1/2" Nickel Coated sub	5541
2.813" Nickel Coated XN nipple w/ 2.66" No/Go	8
3-1/2" Nickel Coated WLEG	5542
EOT	6
	5550
	1
	5556
	1
	5557
	5558

Well History	
Date	Operations Summary
5/1/2012	MIT Passed - Start Injecting water.
2/28/2015	RIH w/ SL 6538'
4/8/2015	RIH w/ SL 6542'
7/1/2015	RIH w/ CT pump 41 sks Class H
7/2/2015	RIH w/ SL tag 6560'
7/20/2015	RIH w/ CT pump 72 sks Class H
7/22/2015	RIH w/ SL tag 6533
8/13/2015	RIH w/ CT pump 55 sks Class h
8/14/2015	RIH w/ SL tag 6465'

137 JI 7" 26# J-55 LT&C Csg	5529'	0'
1 JI 7" 24.5# 13 Cr-80 LT&C Csg	1'	5529'
Guide Shoe	37'	5530'
EOC	2'	5567'
26# J-55 Cplg OD = 7.656" ID = 6.276" Drift = 6.151" Collapse = 4320 Internal Yield = 4980		
Cmt'd w/ 410 sxs POZ 50/50 mixed at 13.6 ppg (Yield=1.44).		
TD @	6,618'	

Summary of Changes

Lease Name and Number: Macy 1-34 SWD

API/Permit #: 15-077-21770-00-00

Doc ID: 1278094

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	04/03/2012	01/19/2016
Cementing Purpose Plug Back TD	No	Yes
CementingDepth1_PDF	-	6465-6618
CementingDepthBase1		6618
CementingDepthTop1		6465
Contractor Name	Lariat Services, Inc.	Lariat Services, Inc. dba Chaparral, Drilling, Fluids
Fracturing Question 1		No
LocationInfoLink	https://solar.kgs.ku.edu/ kcc/detail/locationInform ation.cfm?section=34&t	https://kolar.kgs.ku.edu/ kcc/detail/locationInform ation.cfm?section=34&t
Number Of Sacks Used for Cementing / Squeezing- Line 1 Plug Back Total Depth		168 6465

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Save Link	../../kcc/detail/operatorEditDetail.cfm?docID=1074844	../../kcc/detail/operatorEditDetail.cfm?docID=1278094
Type Of Cement Used for Cementing / Squeezing - Line 1		Class H

Summary of Attachments

Lease Name and Number: Macy 1-34 SWD

API: 15-077-21770-00-00

Doc ID: 1278094

Correction Number: 1

Attachment Name



CONFIDENTIAL

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: _____

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- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

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- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
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_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

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Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

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feet depth to: _____ w/ _____ sx cmt.

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(Data must be collected from the Reserve Pit)

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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
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____