

**CONFIDENTIAL****WELL COMPLETION FORM****WELL HISTORY - DESCRIPTION OF WELL & LEASE**OPERATOR: License # 34192Name: SandRidge Exploration and Production LLCAddress 1: 123 ROBERT S. KERR AVE

Address 2: \_\_\_\_\_

City: OKLAHOMA CITY State: OK Zip: 73102 + 6406Contact Person: Karen SharpPhone: ( 405 ) 429-5745CONTRACTOR: License # 34445Name: Keen Energy Services LLCWellsite Geologist: Kathy Gentry

Purchaser: \_\_\_\_\_

Designate Type of Completion:

- New Well       Re-Entry       Workover
- Oil       WSW       SWD       SLOW
- 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
- Conv. to GSW
- Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
- SWD      Permit #: \_\_\_\_\_
- ENHR      Permit #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

09/03/2010	09/18/2010	09/18/2010
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-007-23587-01-00

Spot Description: \_\_\_\_\_

S2 S2 SW SW Sec. 1 Twp. 35 S. R. 11  East  West165 Feet from  North /  South Line of Section660 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

 NE       NW       SE       SWCounty: BarberLease Name: SCHROCK 1 Well #: 1HField Name: Kiowa EastProducing Formation: MISSISSIPPI LIMEElevation: Ground: 1353 Kelly Bushing: 1374Total Depth: 9342 Plug Back Total Depth: \_\_\_\_\_Amount of Surface Pipe Set and Cemented at: 1010 FeetMultiple 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** Letter of Confidentiality ReceivedDate: 01/10/2011 Confidential Release Date: \_\_\_\_\_ Wireline Log Received Geologist Report Received UIC DistributionALT  I  II  III Approved by: Deanna Gamco Date: 09/07/2011