



CONFIDENTIAL

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

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 34192

Name: SandRidge Exploration and Production LLC

Address 1: 123 ROBERT S. KERR AVE

Address 2: _____

City: OKLAHOMA CITY State: OK Zip: 73102 + 6406

Contact Person: Tiffany Golay

Phone: (405) 429-6543

CONTRACTOR: License # 34127

Name: Tomcat Drilling LLC

Wellsite Geologist: William Scott

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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

<u>4/10/2012</u>	<u>5/1/2012</u>	<u>5/6/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-083-21763-00-00

Spot Description: _____

NE SE SE SE Sec. 15 Twp. 21 S. R. 24 East West

518 Feet from North / South Line of Section

203 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Hodgeman

Lease Name: Carissa SWD Well #: 1-15

Field Name: _____

Producing Formation: Arbuckle and Viola

Elevation: Ground: 2336 Kelly Bushing: 2356

Total Depth: 5374 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 787 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: 12500 ppm Fluid volume: 3960 bbls

Dewatering method used: Hauled to Disposal

Location of fluid disposal if hauled offsite: _____

Operator Name: Hayden Operating

Lease Name: Mitchell SWD License #: 33562

Quarter SE Sec. 18 Twp. 30 S. R. 33 East West

County: Haskell Permit #: 15-081-21074-0001

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: 05/25/2012
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 05/29/2012