



CONFIDENTIAL

WELL COMPLETION FORM

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

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) 429-56543
CONTRACTOR: License # 34127
Name: Tomcat Drilling LLC
Wellsite Geologist: Tammy Alcorn
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>5/22/2012</u>	<u>6/6/2012</u>	<u>6/6/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-077-21849-00-00

Spot Description: _____
NW NE NE NE Sec. 11 Twp. 35 S. R. 8 East West
155 Feet from North / South Line of Section
349 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Harper

Lease Name: Wrigley Well #: 1-11 SWD

Field Name: _____

Producing Formation: Arbuckle

Elevation: Ground: 1272 Kelly Bushing: 1292

Total Depth: 6735 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 790 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: 10900 ppm Fluid volume: 6720 bbls
Dewatering method used: Haul Off Pit

Location of fluid disposal if hauled offsite: _____

Operator Name: Mudslingers LLC

Lease Name: unnamed- soil farmed License #: 99999

Quarter S2 Sec. 15 Twp. 27 S. R. 8 East West
County: Grant- OK Permit #: 12-20441

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: 07/17/2012

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: NAOMI JAMES Date: 07/17/2012