



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 Date Reached TD Completion Date or
Recompletion Date Recompletion Date

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: _____

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
--	---

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: _____ _____
--	--	---



Current

Spud Date 1/31/2012

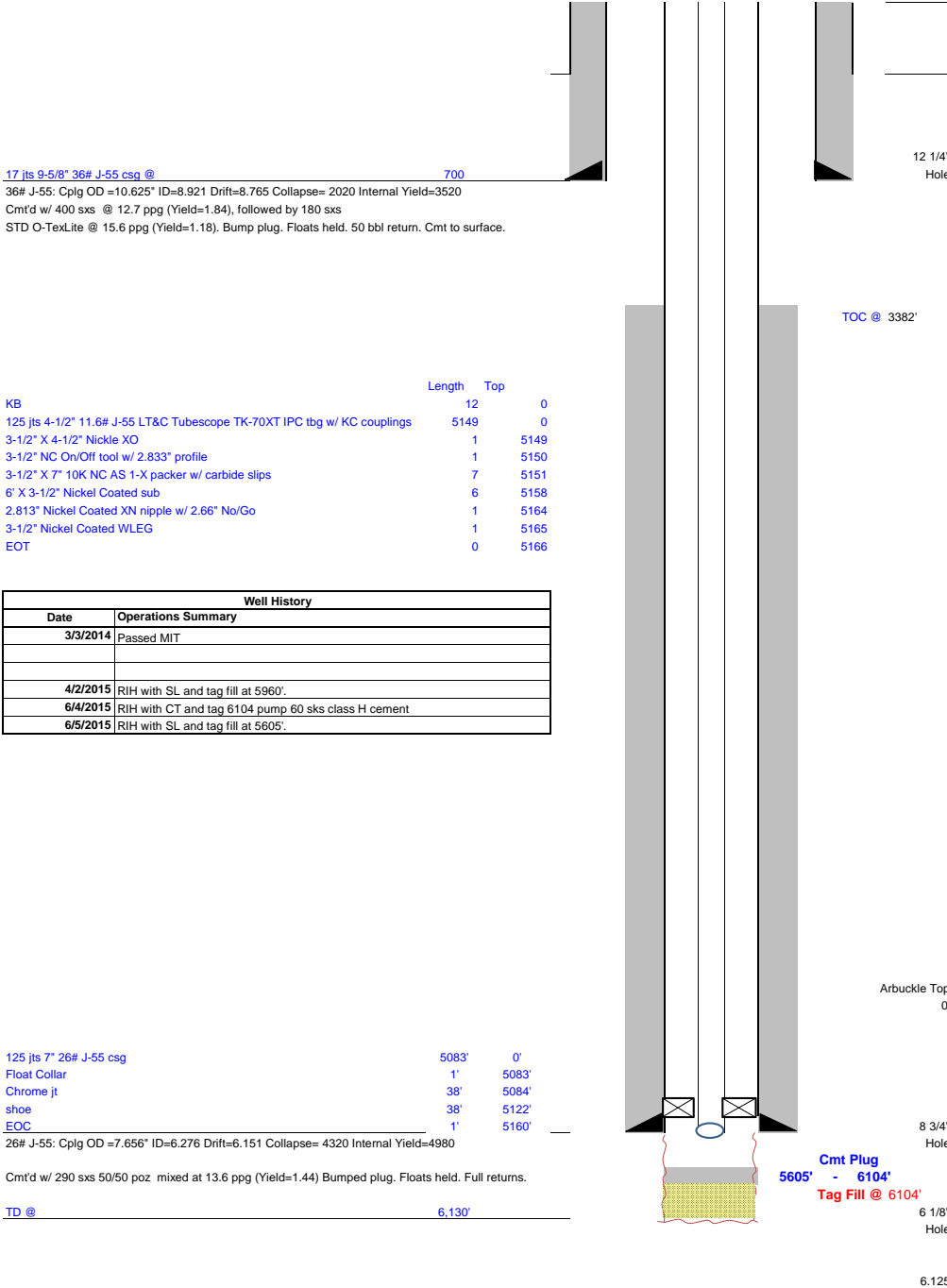
Field Waldron West
 County Harper
 State KS
 Well **ETHAN JOHN 1-5 SWD**
 SH Location SEC 5, TWP 33S, RNG 6W
 Elevations 1373' KB; 1361' GL

Wellbore Schematic

15-077-21798
 API No.

Original Completion ()	
Current	X
Workover	
Proposed	

Well Bore Data MD TVD



Cmt Plug
 5605' - 6104'
 Tag Fill @ 6104'

Arbuckle Base
 6060



Daily Operations

ETHAN JOHN 1-5 SWD

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

Report Date: 6/6/2015, Report # 6, DFS: 1,222.21

Corporate ID 120993		API No. 15077217980000		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 33	Township N/S Dir S	Range 6	Range E/W Dir W	Section 5	Section Suf	Field Name WALDRON WEST		

Daily Operations

Report Start Date 6/5/2015 05:00		Report End Date 6/6/2015 05:00	
-------------------------------------	--	-----------------------------------	--

Operations at Report Time
WSI

Operations Summary
RIH w/ SL & tag cmt @ 5605' KB w/ Ken Scolfield as witness, FINAL REPORT

Operations Next 24 Hours
TOTP

Daily Contacts

Job Contact

Time Log

Start Time	End Time	Dur (hr)	Cum Dur (hr)	Iadc Code	Category	Dpth Start (ftKB)	Dpth End (ftKB)	Description
05:00	13:00	8.00	8.00					WSI
13:00	14:00	1.00	9.00					HSM JSA, MIRU Asher SLU, RIH w/ SB and tag cmt @ 5605' w/ Ken Scolfield as witness, POOH, RDMO SLU, TOTP.
14:00	05:00	15.00	24.00					TOTP

Summary of Changes

Lease Name and Number: Ethan John 1-5 SWD

API/Permit #: 15-077-21798-00-00

Doc ID: 1256062

Correction Number: 2

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Amount of Surface Pipe Set and Cemented at	703	700
Approved Date	03/08/2012	06/25/2015
Cementing Purpose Plug Back TD	No	Yes
CementingDepth1_PDF	-	5605-6104
CementingDepthBase1		6104
CementingDepthTop1		5605
Contractor Name	Lariat Services, Inc.	Lariat Services, Inc. dba Chaparral, Drilling, Fluids
Fracturing Question 1		No
Liner Run?		No
LocationInfoLink	https://solar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=5&to	https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=5&to

Summary of changes for correction 2 continued

Field Name	Previous Value	New Value
Number Of Sacks Used for Cementing / Squeezing- Line 1		290
Plug Back Total Depth		5605
Production Interval #1		5040-5605
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1075993	../../../../kcc/detail/operatorEditDetail.cfm?docID=1256062
Tubing Packer At		5151
Tubing Record - Set At		5166
Tubing Size		4.5
Type Of Cement Used for Cementing / Squeezing - Line 1		50/50 Poz

Summary of Attachments

Lease Name and Number: Ethan John 1-5 SWD

API: 15-077-21798-00-00

Doc ID: 1256062

Correction Number: 2

Attachment Name

WBD

**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: _____

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 #: _____

Spud Date or
Recompletion Date

Date Reached TD

Completion Date or
Recompletion Date

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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

- Letter of Confidentiality Received

Date: _____

- Confidential Release Date: _____

- Wireline Log Received

- Geologist Report Received

- UIC Distribution

ALT I II III Approved by: _____ Date: _____



Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken Yes No
(Attach Additional Sheets)Samples Sent to Geological Survey Yes NoCores Taken Yes NoElectric Log Run Yes NoElectric Log Submitted Electronically Yes No
(If no, Submit Copy)

List All E. Logs Run:

 Log Formation (Top), Depth and Datum Sample
Name Top Datum
CASING RECORD New 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				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes NoDate 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:

 Vented Sold Used on Lease
(If vented, Submit ACO-18.)

METHOD OF COMPLETION:

 Open Hole Perf. Dually Comp. Commingled
(Submit ACO-5) (Submit ACO-4)
 Other (Specify) _____

PRODUCTION INTERVAL:

Summary of Changes

Lease Name and Number: Ethan John 1-5 SWD

API/Permit #: 15-077-21798-00-00

Doc ID: 1075993

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Save Link	../kcc/detail/operatorE ditDetail.cfm?docID=10 73590	../kcc/detail/operatorE ditDetail.cfm?docID=10 75993
Well Type	OIL	SWD



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: _____

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 #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
-----------------------------------	-----------------	---

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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1073590

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
---	---

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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

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

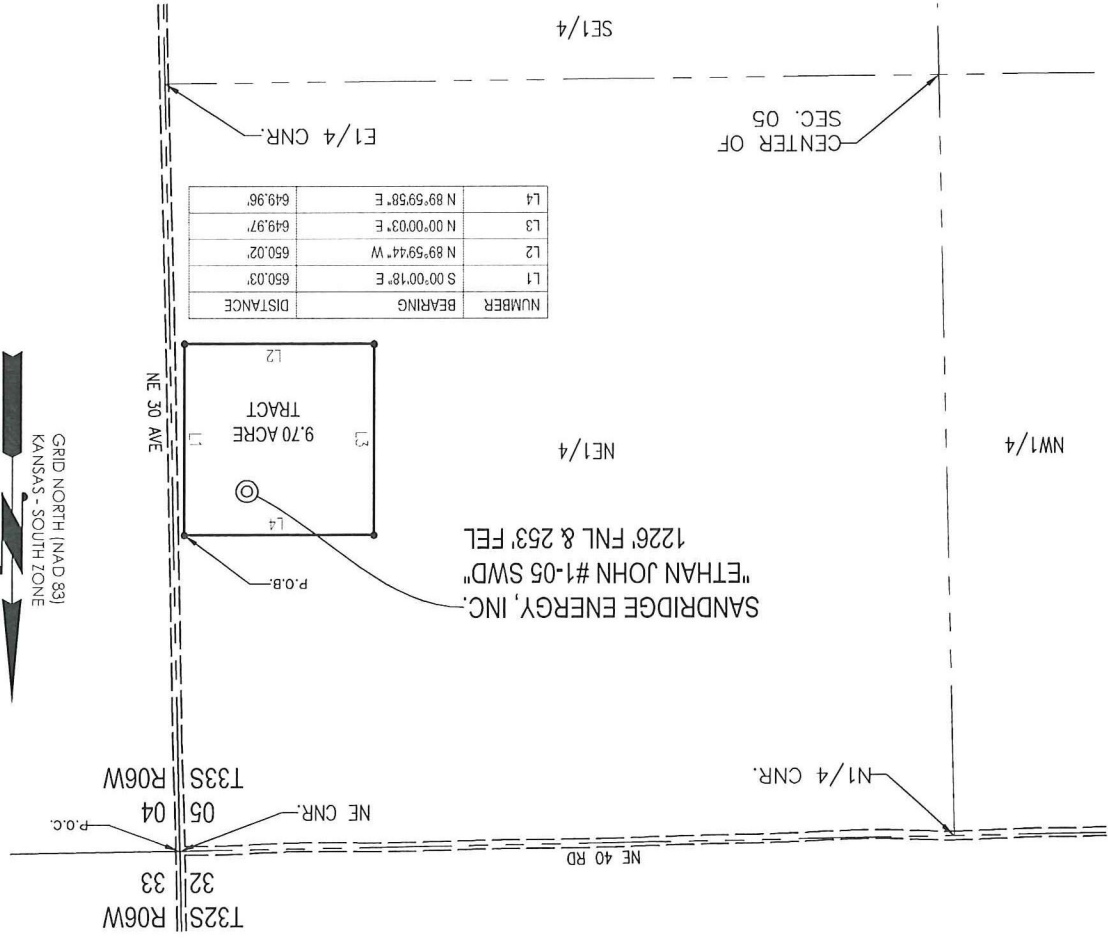
Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbbs.	Gas Mcf	Water Bbbs.	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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
---	---	--

T 33 S - R 06 W

Crafton Tull
 SURVEYING
 www.craftontull.com
 501.328.3316 | 501.328.3325 f
 Conway, Arkansas 72032
 170 Commerce Road, Building 201



9.70 ACRE TRACT OF LAND IN THE NE 1/4 OF SECTION 05, T33S-R06W, HARPER COUNTY, KANSAS

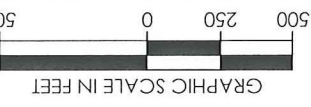
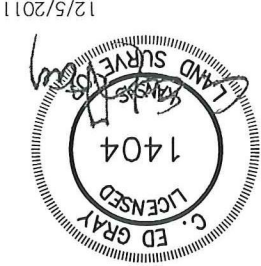
PLAT SHOWING

METES AND BOUNDS DESCRIPTION (9.70 ACRE TRACT)

PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE NE CORNER OF SAID SECTION 05; THENCE S 01°06'46" E ALONG THE EAST LINE OF SAID SECTION 05, A DISTANCE OF 1079.63 FEET; THENCE S 88°53'14" W, A DISTANCE OF 34.96 FEET TO THE POINT OF BEGINNING; THENCE S 00°00'18" E, A DISTANCE OF 650.03 FEET; THENCE N 89°59'44" W, A DISTANCE OF 650.02 FEET; THENCE N 00°00'03" E, A DISTANCE OF 649.97 FEET; THENCE N 89°59'58" E, A DISTANCE OF 649.96 FEET TO THE POINT OF BEGINNING.

SAID TRACT CONTAINING 9.70 ACRES OF LAND AS SURVEYED.



REVISION	
Sandridge	
"ETHAN JOHN #1-05 SWD" PART OF THE NE 1/4 OF SECTION 05, T-33-S, R-06-W PROPOSED DRILL SITE HARPER COUNTY, KANSAS	
SCALE: 1" = 500'	PLOT DATE: 12-05-2011
DRAWN BY: S. ANDER	SHEET NO.: 1 OF 1

Mid-Continent Conductor, LLC

Invoice

Date	Invoice #
1/23/2012	1201

P.O. Box 1570
Woodward, OK 73802

Phone: (580)254-5400

Fax: (580)254-3242

Bill To
SandRidge Energy, Inc. Attn: Purchasing Mgr. 123 Robert S. Kerr Avenue Oklahoma City, OK. 73102

Ordered By	Terms	Date of Service	Lease Name/Legal Desc.	Drilling Rig
Joel	Net 60	1/23/2012	Ethan John 1-5 SWD, Harper Cnty, KS	Tomcat 3

Item	Quantity	Description	
Conductor Hole	90	Drilled 90 ft. conductor hole	
20" Pipe	90	Furnished 90 ft. of 20 inch conductor pipe	
Rat & Mouse Holes	1	Drilled rat and mouse holes	
Rat Hole Shuck	1	Furnished rat hole shuck	
16" Pipe	20	Furnished 20 ft. of mouse hole pipe	
Cellar Hole	1	Drilled 6' X 6' cellar hole	
6' X 6' Tinhorn	1	Furnished and set 6' X 6' tinhorn	
Mud and Water	1	Furnished mud and water	
Transport Truck - Conductor	1	Transport mud and water to location	
Grout & Trucking	11	Furnished grout and trucking to location	
Grout Pump	1	Furnished grout pump	
Welder & Materials	1	Furnished welder and materials	
Dirt Removal	1	Furnished labor and equipment for dirt removal	
Cover Plate	1	Furnished cover plates	
Permits	1	Permits	
			Subtotal \$17,080.00
			Sales Tax (0.0%) \$0.00
			Total \$17,080.00

JOB SUMMARY			PROJECT NUMBER SOK1182	TICKET DATE 02/01/12
COUNTY Harper	State Kansas	COMPANY Sandridge Exp and Production	CUSTOMER REP Doug Langley	
LEASE NAME Ethan John SWD	Well No. 1-5	JOB TYPE Surface	EMPLOYEE NAME C.Bigbey	

EMP NAME Chris Bigbey				
Jared Green				
Larry Kirchner Sr.				
Arthur Setzer				

Form. Name _____ Type: _____
 Packer Type _____ Set At **0**
 Bottom Hole Temp. **80** Pressure _____
 Retainer Depth _____ Total Depth **703**

	Called Out	On Location	Job Started	Job Completed
Date	2/1/2012	2/1/2012	2/2/2012	2/2/2012
Time	1700	2045	0300	0400

Tools and Accessories		
Type and Size	Qty	Make
Auto Fill Tube	0	IR
Insert Float Val	0	IR
Centralizers	0	IR
Top Plug	0	IR
HEAD	0	IR
Limit clamp	0	IR
Weld-A	0	IR
Texas Pattern Guide Shoe	0	IR
Cement Basket	0	IR

Well Data						
New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	36.0	9	5/8	Surface	703	
Liner						
Liner						
Tubing		0				
Drill Pipe						
Open Hole			12 1/4	Surface	700	Shots/Ft.
Perforations						
Perforations						
Perforations						

Materials			
Mud Type	Density	Lb/Gal	
Disp. Fluid		Lb/Gal	
Spacer type	BBL		
Spacer type	BBL		
Acid Type	Gal	%	
Acid Type	Gal	%	
Surfactant	Gal	in	
NE Agent	Gal	in	
Fluid Loss	Gal/Lb	in	
Gelling Agent	Gal/Lb	in	
Fric. Red.	Gal/Lb	in	
MISC.	Gal/Lb	in	
Perpac Balls	Qty.		
Other			
Other			
Other			
Other			

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
2/1	3.2	2/2	1.0	Surface
2/2	5.5			
Total	8.7	Total	1.0	

Pressures			
MAX	1500	AVG	400
Average Rates in BPM			
MAX	6	AVG	5
Cement Left in Pipe			
Feet	42	Reason	Shoe Jt.

Cement Data			Additives			W/Rq.	Yield	Lbs/Gal
Stage	Sacks	Cement	Additives					
1	400	O-Tex Lite Standard	[6%Gel] 2% Calcium Chloride - 1/4 lb/sk Cellflake - 0.5% C-41P			10.88	1.84	12.70
2	180	Standard	2% Calcium Chloride - 1/4 lb/sk Celloflake			5.20	1.18	15.60
3	0	Standard	2% Calcium Chloride on the side			5.20	1.18	15.60

Summary					
Preflush	10.00	Type:	Water		
Breakdown		MAXIMUM	1,500	Load & Bkdn:	Gal - BBI
		Lost Returns-N	no	Excess /Return	BBI
		Actual TOC	surface	Calc. TOC:	surface
Average		Frac. Gradient		Treatment:	Gal - BBI
ISIP	5 Min.	10 Min.	15 Min.	Cement Slurr:	BBI
				Total Volume	BBI
					230.00

CUSTOMER REPRESENTATIVE Doug Langley SIGNATURE

JOB SUMMARY			PROJECT NUMBER SOK1201	TICKET DATE 02/09/12
COUNTY Harper	State Kansas	COMPANY Sandridge Exp and Prod	CUSTOMER REP Timmie Pursley	
LEASE NAME Ethan John SWD	Well No 1-5	JOB TYPE Intermediate	EMPLOYEE NAME Charles Spracklen	

Charles Spracklen					
Robert Burris					
Bryan Douglas					
Mark Boethin					

Form. Name _____ Type: _____
Packer Type _____ Set At **0**
Bottom Hole Temp. **0** Pressure _____
Retainer Depth _____ Total Depth **5180**

Date	Called Out	On Location	Job Started	Job Completed
	2/9/2012	2/9/2012	2/9/2012	2/9/2012
Time	12:00	14:30	17:30	19:44

Type and Size	Qty	Make
Auto Fill Tube	0	IR
Insert Float Val	0	IR
Centralizers	0	IR
Top Plug	0	IR
HEAD	0	IR
Limit clamp	0	IR
Weld-A	0	IR
Texas Pattern Guide Shoe	0	IR
Cement Basket	0	IR

New/Used		Weight	Size	Grade	From	To	Max. Allow
Casing		26.0	7		Surface	5,162	
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole			8 3/4		Surface	5,180	Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials		
Mud Type	Density	Lb/Gal
Disp. Fluid	Density	Lb/Gal
Spacer type	BBL.	
Spacer type	BBL.	
Acid Type	Gal.	%
Acid Type	Gal.	%
Surfactant	Gal.	In
NE Agent	Gal.	In
Fluid Loss	Gal/Lb	In
Gelling Agent	Gal/Lb	In
Fric. Red.	Gal/Lb	In
MISC.	Gal/Lb	In

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
2/9				Intermediate
Total	0.0	Total	0.0	

Perfpac Balls _____ Qty. _____
Other _____
Other _____
Other _____
Other _____

Pressures	
MAX	2000
AVG	530
Average Rates in BPM	
MAX	7
AVG	5
Cement Left in Pipe	
Feet	40
Reason SHOE TRACK	

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	290	50/50 POZ PREMIUM	4% Gel - 0.4% C-12 - 0.1% C-37 - 0.5% C-41P - 2 lb/sk Phenoseal	6.77	1.44	13.60
2	0	0		0	0.00	0.00
3	0	0		0	0.00	0.00

Summary					
Preflush	10	Type: Caustic	Preflush:	BBI	10.00
Breakdown		MAXIMUM	Load & Bkdn:	Gal - BBI	
		Lost Returns-N	Excess /Return	BBI	
		Actual TOC	Calc. T HOC		1,738
Average		Frac. Gradient	Treatment:	Gal - BBI	
ISIP	5 Min.	10 Min.	Cement Slurry:	BBI	74.0
		15 Min.	Total Volume	BBI	276.00

CUSTOMER REPRESENTATIVE _____ SIGNATURE _____

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

March 08, 2012

Tiffany Golay
SandRidge Exploration and Production LLC
123 ROBERT S. KERR AVE
OKLAHOMA CITY, OK 73102-6406

Re: ACO1
API 15-077-21798-00-00
Ethan John 1-5 SWD
NE/4 Sec.05-33S-06W
Harper County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Tiffany Golay

Logo

Back to Well Completion

Ethan John 1-5 SWD (1073590)

Actions

View PDF
Delete
Edit
Certify & Submit
Request Confidentiality

Attachments

Two Year Confidentiality OPERATOR	View PDF Delete
Plat OPERATOR	View PDF Delete
Wellbore Diagram OPERATOR	View PDF Delete
Cementing Reports OPERATOR	View PDF Delete

Add Attachment

Remarks

Remarks to KCC

Add Remark

Remarks

Tiffany Golay 03/08/012 10:19 am	Cementing: Conductor weight= 94 lbs/ft and Mid-Continent used 11 yards of grout (does not track sacks used)
Tiffany Golay 03/08/012 10:17 am	Waste Mgmt: 2700bbls hauled to soil farm by APSS soil farming. Hauled to NE1/4, Sec 6, TWP. 28N, 8W Alfalfa Co.OK. 4000bbls hauled to disposal. Operator: Richard Gray Mud Disposal. SW1/4, Sec 15, TWP 24N, 7W in Garfield Co. OK



Current

Field: Waldron West
 County: Harper
 State: Kansas
 Well: **Ethan John 1-5 SWD**
 Location: SEC 05, TWP 33S, RGE 06W
 KB: 1373
 GL: 1361

Wellbore Schematic

15-077-21798
 API NO.

Original Completion	
Current	X
Proposed	

