

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: \_\_\_\_\_

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: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio      Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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 <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Current

Spud Date 1/10/2012

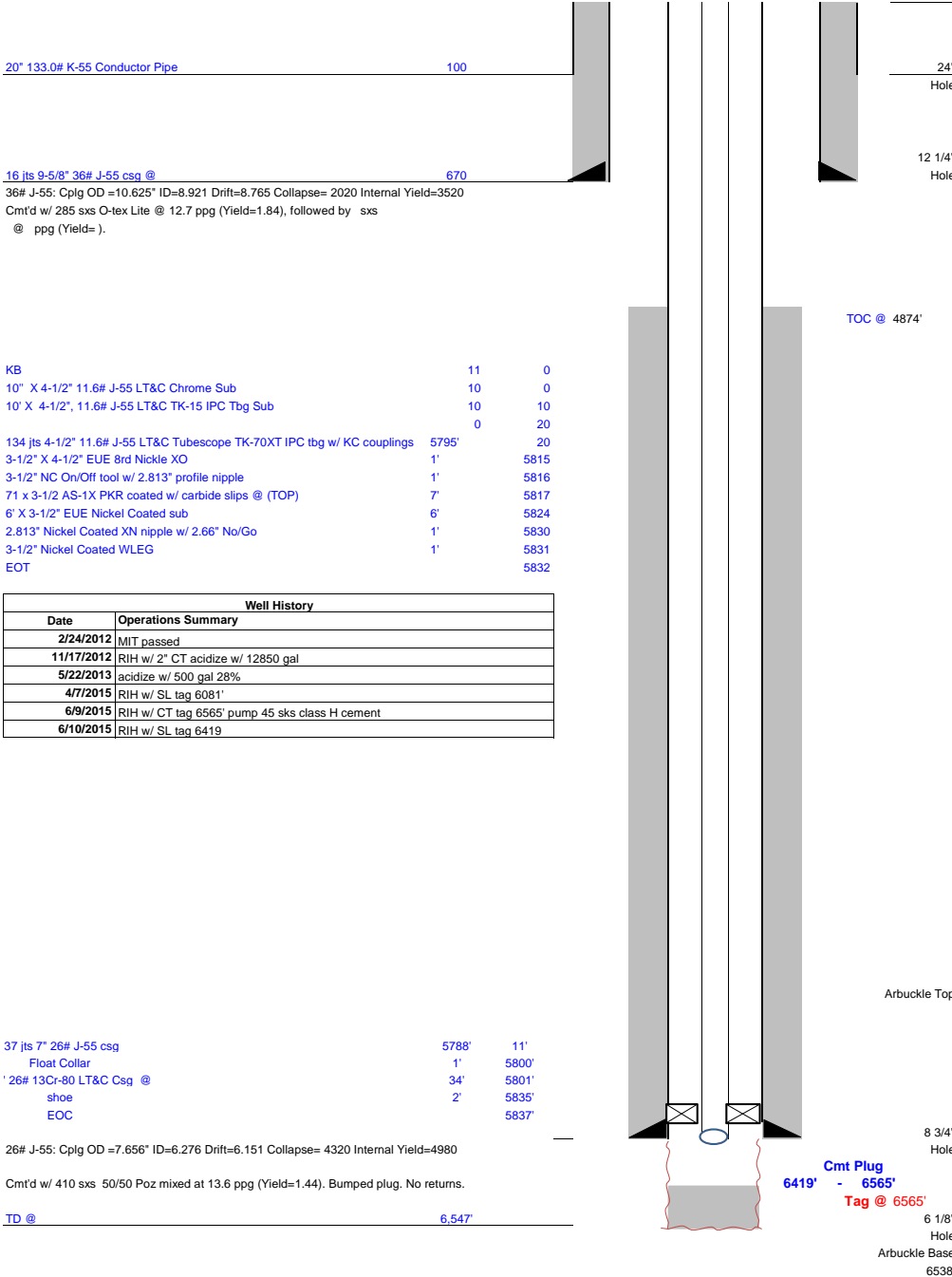
Field Stranathan  
 County Harper  
 State KS  
 Well **STACEY 1-23 SWD**  
 SH Location SEC 23, TWP 34S, RNG 6W  
 Elevations 1302' KB; 1291' GL

**Wellbore Schematic**

15-077-21767  
 API No.

Original Completion ()	
Current	X
Workover	
Proposed	

Well Bore Data      MD      TVD





# Daily Operations

## STACEY 1-23 SWD

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

Report Date: 6/11/2015, Report # 4, DFS: 1,248.21

Corporate ID 120604	API No. 15077217670000	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 6	Range E/W Dir W	Section 23	Section Suf	Field Name WILDCAT			

### Daily Operations

Report Start Date 6/10/2015 05:00	Report End Date 6/11/2015 05:00
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Operations at Report Time  
WSI

Operations Summary  
RIH & tag cement w/ SL @ 6419' KB, FINAL REPORT

Operations Next 24 Hours  
WSI until tomorrow SL tag.

### 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	12:00	7.00	7.00					WSI
12:00	13:00	1.00	8.00				0	HSM JSA, MIRU SLU, RIH w/ SB and tag cement @ 6419'KB w/ KCC as witness, POOH, RDMO SLU, Secure well
13:00	05:00	16.00	24.00				0	WSI

## Summary of Changes

Lease Name and Number: Stacey 1-23 SWD

API/Permit #: 15-077-21767-00-00

Doc ID: 1256063

Correction Number: 2

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	02/20/2012	06/25/2015
Cementing Purpose Plug Back TD	No	Yes
CementingDepth1_PDF	-	6419-
CementingDepthTop1		6419
Contractor Name	Lariat Services, Inc.	Lariat Services, Inc. dba Chaparral, Drilling, Fluids
Fracturing Question 1		No
Liner Run?		No
LocationInfoLink	<a href="https://solar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=23&amp;t">https://solar.kgs.ku.edu/ kcc/detail/locationInform ation.cfm?section=23&amp;t</a>	<a href="https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=23&amp;t410">https://kolar.kgs.ku.edu/ kcc/detail/locationInform ation.cfm?section=23&amp;t 410</a>
Number Of Sacks Used for Cementing / Squeezing- Line 1 Operator's Contact Name	John-Mark Beaver	Tiffany Golay

Summary of changes for correction 2 continued

Field Name	Previous Value	New Value
Plug Back Total Depth		6419
Save Link	../../../../kcc/detail/operatorE ditDetail.cfm?docID=10 74635	../../../../kcc/detail/operatorE ditDetail.cfm?docID=12 56063
Tubing Packer At		5817
Tubing Record - Set At		5832
Tubing Size		4.5
Type Of Cement Used for Cementing / Squeezing - Line 1		50/50 Poz

## Summary of Attachments

Lease Name and Number: Stacey 1-23 SWD

API: 15-077-21767-00-00

Doc ID: 1256063

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 DistributionALT  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 <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
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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				

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

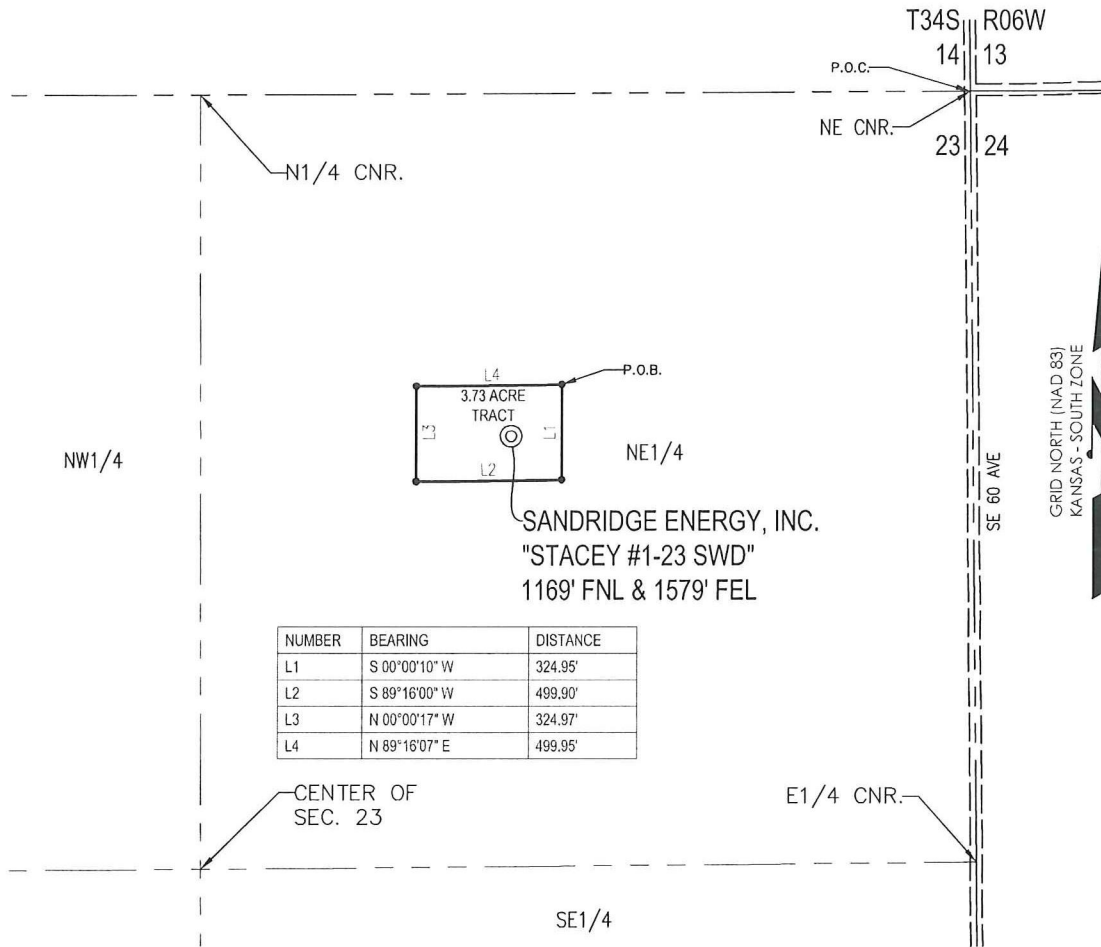
Date of First, Resumed Production, SWD or ENHR. \_\_\_\_\_ Producing Method:  
 Flowing  Pumping  Gas Lift  Other (Explain) \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity
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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 (Specify) _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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T 34 S - R 06 W



NUMBER	BEARING	DISTANCE
L1	S 00°00'10" W	324.95'
L2	S 89°16'00" W	499.90'
L3	N 00°00'17" W	324.97'
L4	N 89°16'07" E	499.95'

PLAT SHOWING  
**3.73 ACRE TRACT OF LAND IN THE  
 NE 1/4 OF SECTION 23, T34S-R06W,  
 HARPER COUNTY, KANSAS**

**METES AND BOUNDS DESCRIPTION (3.73 ACRE TRACT)**

PART OF THE NE 1/4 OF SECTION 23, TOWNSHIP 34 SOUTH, RANGE 06 WEST, HARPER COUNTY, KANSAS, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE NE CORNER OF SAID SECTION 23;  
 THENCE S 89°44'10" W ALONG THE NORTH LINE OF SAID SECTION 23, A DISTANCE OF 1397.44 FEET;  
 THENCE S 00°15'50" E, A DISTANCE OF 993.06 FEET TO THE POINT OF BEGINNING;  
 THENCE S 00°00'10" W, A DISTANCE OF 324.95 FEET;  
 THENCE S 89°16'00" W, A DISTANCE OF 499.90 FEET;  
 THENCE N 00°00'17" W, A DISTANCE OF 324.97 FEET;  
 THENCE N 89°16'07" E, A DISTANCE OF 499.95 FEET TO THE POINT OF BEGINNING.

SAID TRACT CONTAINING 3.73 ACRES OF LAND AS SURVEYED.

**SURVEYOR'S CERTIFICATE:**

I, C. ED GRAY, KANSAS LICENSED PROFESSIONAL LAND SURVEYOR, NO. 1404, DO HEREBY CERTIFY THAT THIS PLAT REPRESENTS THE RESULTS OF A SURVEY MADE ON THE GROUND UNDER MY SUPERVISION.

9/29/2011

**GENERAL NOTES:**

THE TIES AND FOOTAGES SHOWN ON THIS PLAT ARE FROM LINES OF OCCUPATION FROM A SURVEY MADE ON THE GROUND AND / OR BEARING AND DISTANCES FROM THE GENERAL LAND OFFICE PLAT OF THE AREA SHOWN AND MAY NOT BE THE ACTUAL PROPERTY CORNERS. THIS PLAT DOES NOT REPRESENT A TRUE BOUNDARY SURVEY.



REVISION	SandRidge		
	"STACEY # 1-23 SWD" PART OF THE NE 1/4 OF SECTION 23, T-34-S, R-06-W PROPOSED DRILL SITE HARPER COUNTY, KANSAS		
	SCALE: 1" = 500'	DRAWN BY: S.ANDER	SHEET NO.: 1 OF 1
	PLOT DATE: 09-29-2011		

## Summary of Changes

Lease Name and Number: Stacey 1-23 SWD

API/Permit #: 15-077-21767-00-00

Doc ID: 1074635

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	02/16/2012	02/20/2012
Save Link	<a href="http://../kcc/detail/operatorEditDetail.cfm?docID=1072459">../kcc/detail/operatorEditDetail.cfm?docID=1072459</a>	<a href="http://../kcc/detail/operatorEditDetail.cfm?docID=1074635">../kcc/detail/operatorEditDetail.cfm?docID=1074635</a>

## Summary of Attachments

Lease Name and Number: Stacey 1-23 SWD

API: 15-077-21767-00-00

Doc ID: 1074635

Correction Number: 1

Attachment Name

Corrected Plat



**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 # \_\_\_\_\_

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 #: \_\_\_\_\_
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- ENHR      Permit #: \_\_\_\_\_
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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

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: \_\_\_\_\_



1072459

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
<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 <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
-----------------------------------	-----------	---------	-------------	---------------	---------

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--	--	---

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

February 07, 2012

John-Mark Beaver  
SandRidge Exploration and Production LLC  
123 ROBERT S. KERR AVE  
OKLAHOMA CITY, OK 73102-6406

Re: ACO1  
API 15-077-21767-00-00  
Stacey 1-23 SWD  
NE/4 Sec.23-34S-06W  
Harper County, Kansas

Dear Production Department:

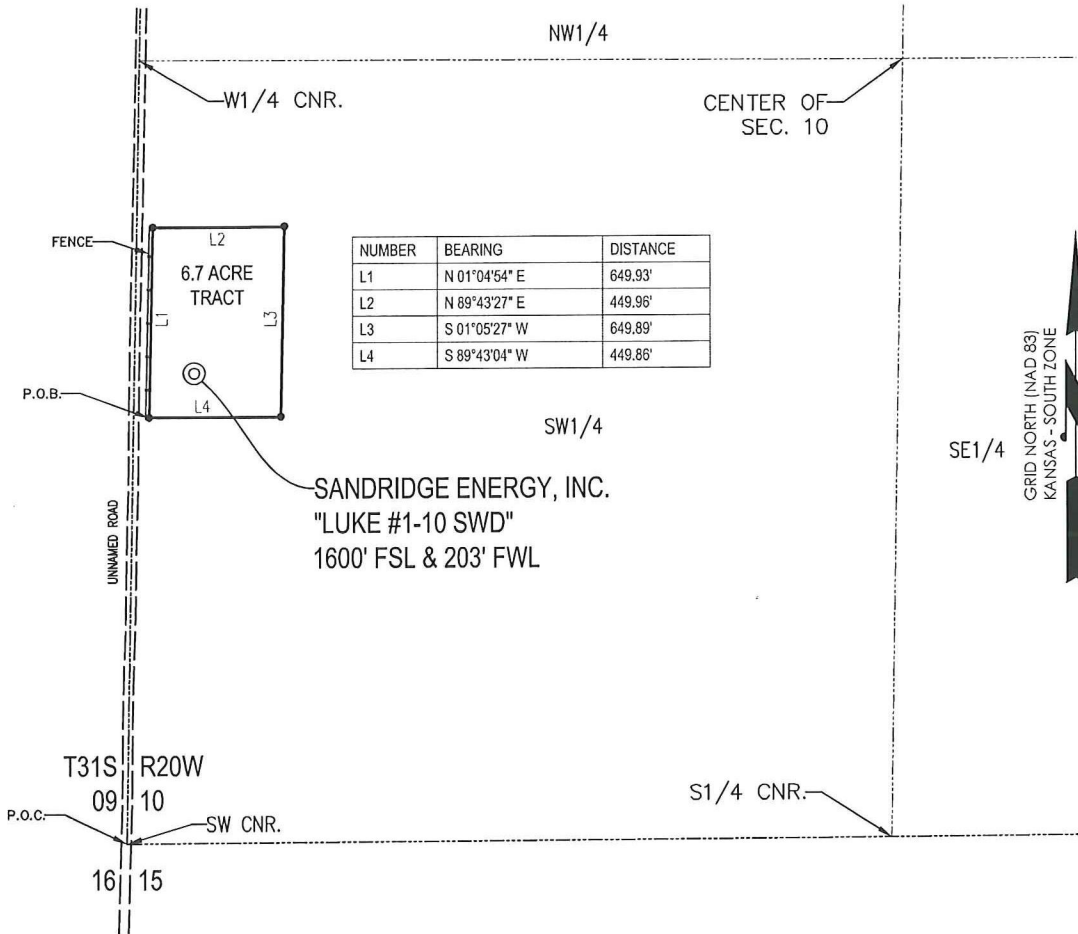
We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

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

Respectfully,  
John-Mark Beaver



T 31 S - R 20 W



NUMBER	BEARING	DISTANCE
L1	N 01°04'54" E	649.93'
L2	N 89°43'27" E	449.96'
L3	S 01°05'27" W	649.89'
L4	S 89°43'04" W	449.86'

SANDRIDGE ENERGY, INC.  
 "LUKE #1-10 SWD"  
 1600' FSL & 203' FWL

PLAT SHOWING  
**6.7 ACRE TRACT OF LAND IN THE  
 SW1/4 OF SECTION 10, T31S-R20W,  
 COMANCHE COUNTY, KANSAS**

**METES AND BOUNDS DESCRIPTION (6.7 ACRE TRACT)**

PART OF THE SW1/4 OF SECTION 10, TOWNSHIP 31 SOUTH, RANGE 20 WEST, COMANCHE COUNTY, KANSAS,  
 MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE SW CORNER OF SAID SECTION 10;  
 THENCE N 00°58'54" E ALONG THE WEST LINE OF SAID SECTION 10, A DISTANCE OF 1451.66 FEET;  
 THENCE S 89°01'06" E, A DISTANCE OF 52.65 FEET TO THE POINT OF BEGINNING;  
 THENCE N 01°04'54" E, A DISTANCE OF 649.93 FEET;  
 THENCE N 89°43'27" E, A DISTANCE OF 449.96 FEET;  
 THENCE S 01°05'27" W, A DISTANCE OF 649.89 FEET;  
 THENCE S 89°43'04" W, A DISTANCE OF 449.86 FEET TO THE POINT OF BEGINNING.

SAID TRACT CONTAINING 6.7 ACRES OF LAND AS SURVEYED.

**SURVEYOR'S CERTIFICATE:**

I, C. ED GRAY, KANSAS LICENSED PROFESSIONAL LAND SURVEYOR, NO. 1404, DO HEREBY  
 CERTIFY THAT THIS PLAT REPRESENTS THE RESULTS OF A SURVEY MADE ON THE GROUND UNDER MY  
 SUPERVISION.

**GENERAL NOTES:**

THE TIES AND FOOTAGES SHOWN ON THIS PLAT ARE FROM LINES OF OCCUPATION FROM A  
 SURVEY MADE ON THE GROUND AND / OR BEARING AND DISTANCES FROM THE GENERAL LAND  
 OFFICE PLAT OF THE AREA SHOWN AND MAY NOT BE THE ACTUAL PROPERTY CORNERS. THIS PLAT  
 DOES NOT REPRESENT A TRUE BOUNDARY SURVEY.



8/24/2011

GRAPHIC SCALE IN FEET



REVISION	SandRidge		
	"LUKE #1-10 SWD" PART OF THE SW1/4 OF SECTION 10, T-31-S, R-20-W PROPOSED DRILL SITE COMANCHE COUNTY, KANSAS		
	SCALE: 1" = 500'	DRAWN BY: S.ANDER	SHEET NO.: 1 OF 1
	PLOT DATE: 08-24-2011		



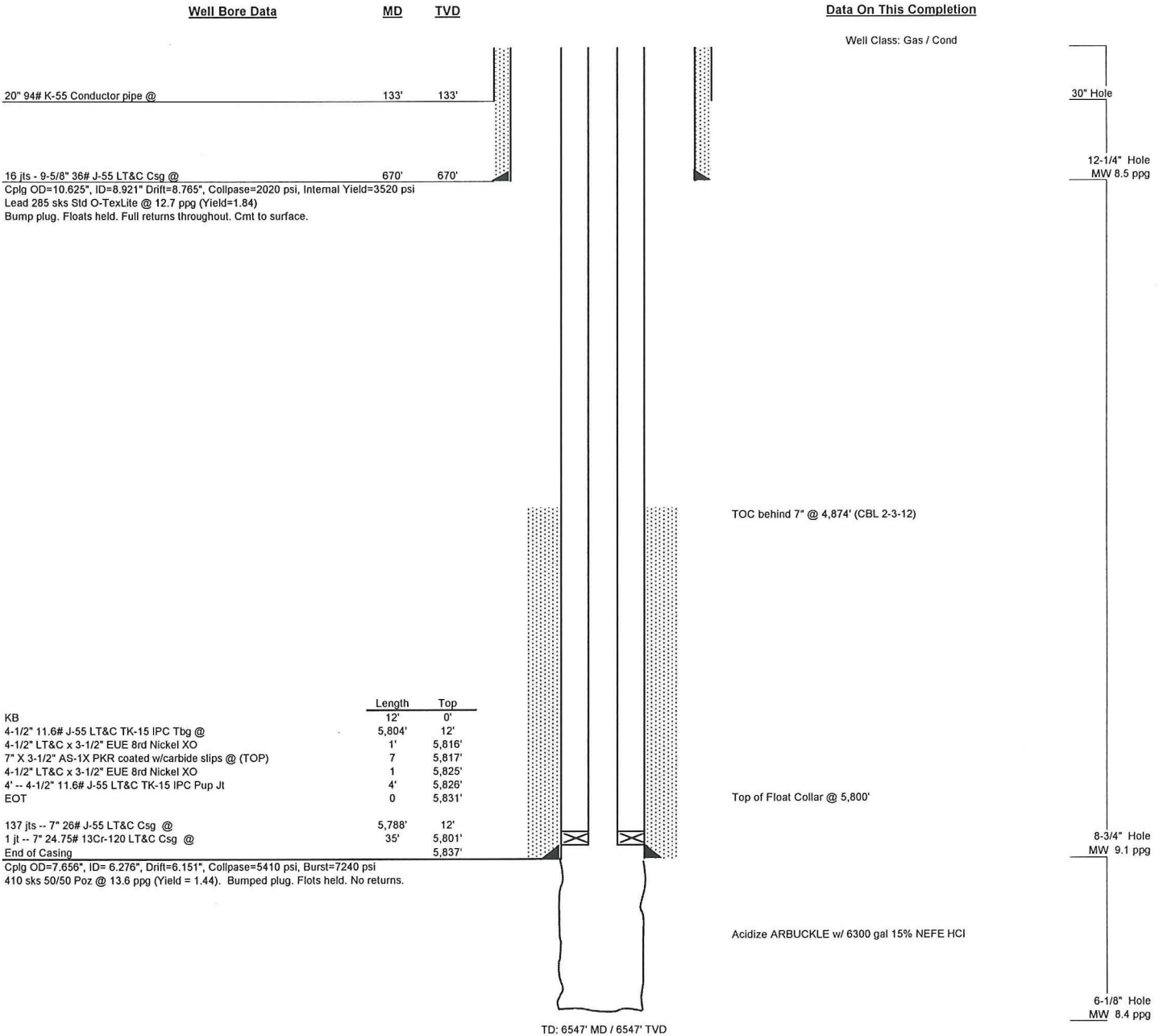
Current

Field                    Stranathan  
 County                Harper  
 State                    Kansas  
 Well                    **Stacey 1-23 SWD**  
 Location              SEC 23, TWP 34S, RGE 6W  
 KB                      1317'  
 GL                      1316'

**Wellbore Schematic**

15-077-21767  
API NO.

Original Completion	X
Current	
Proposed	



<b>JOB SUMMARY</b>			PROJECT NUMBER <b>SOK1122</b>	TICKET DATE <b>01/11/12</b>
COUNTY <b>Harper</b>	State <b>Kansas</b>	COMPANY <b>Sandridge Exp and Production</b>	CUSTOMER REP <b>Martin Brito</b>	
LEASE NAME <b>Stacey SWD</b>	Well No. <b>1-23</b>	JOB TYPE <b>Surface</b>	EMPLOYEE NAME <b>LOUIS ARNEY</b>	

EMP NAME					
Louis Arney					
Jason Jones					
Mark Boethin					
Billy Taff					

Form. Name \_\_\_\_\_ Type: \_\_\_\_\_  
Packer Type \_\_\_\_\_ Set At 0  
Bottom Hole Temp. 80 Pressure \_\_\_\_\_  
Retainer Depth \_\_\_\_\_ Total Depth 700'

Date	Called Out	On Location	Job Started	Job Completed
	1/10/2012	1/10/2012	1/10/2012	1/10/2012
Time	15:30	19:00	2:45	3:55

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	Well Data		
				From	To	Max. Allow
Casing	36.0	9 5/8		Surface	1,000'	1,500
Liner						
Liner						
Tubing		0				
Drill Pipe						
Open Hole			12 1/4"	Surface	700'	Shots/Ft.
Perforations						
Perforations						
Perforations						

Materials		
Mud Type	WBM	Density <u>9</u> Lb/Gal
Disp. Fluid	Fresh Water	Density <u>8.33</u> Lb/Gal
Spacer type	resh Water	BBL. <u>10</u> 8.33
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	
1/10	5.0	1/11	1.0	Surface
1/11	4.5			
Total	9.5	Total	1.0	

Perfpac Balls \_\_\_\_\_ Qty. \_\_\_\_\_  
Other \_\_\_\_\_  
Other \_\_\_\_\_  
Other \_\_\_\_\_  
Other \_\_\_\_\_  
Other \_\_\_\_\_

Pressures		
MAX	1,500 PSI	AVG. 200
Average Rates in BPM		
MAX	8 BPM	AVG 3
Cement Left in Pipe		
Feet	42'	Reason SHOE JOINT

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	285	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	100	Standard	2% Calcium Chloride on the side	5.20	1.18	15.60

Summary				
Preflush	<u>10.00</u>	Type: FRESH WATER	Preflush: BBI	<u>10.00</u>
Breakdown	MAXIMUM	1,500 PSI	Load & Bkdn: Gal - BBI	<u>N/A</u>
	Lost Returns-N	<u>NO/FULL</u>	Excess /Return BBI	<u>17</u>
	Actual TOC	<u>SURFACE</u>	Calc. TOC:	<u>SURFACE</u>
Average	Bump Plug PSI:	<u>246</u>	Final Circ. PSI:	<u>330</u>
ISIP	5 Min.	10 Min.	Cement Slurry: BBI	<u>131.0</u>
	15 Min.		Total Volume BBI	<u>189.70</u>

CUSTOMER REPRESENTATIVE *Martin Brito* SIGNATURE

<b>JOB SUMMARY</b>			PROJECT NUMBER <b>SOK1141</b>	TICKET DATE <b>01/18/12</b>
COUNTY <b>Harper</b>	State <b>Kansas</b>	COMPANY <b>Sandridge Exp and Prod</b>	CUSTOMER REP <b>Martin Brito</b>	
LEASE NAME <b>Stacey SWD</b>	Well No. <b>1-23</b>	JOB TYPE <b>Intermediate</b>	EMPLOYEE NAME <b>Larry Kirchner Jr.</b>	

EMP NAME							
Larry Kirchner Jr.							
Emmit Brock							
Robert Stonehocker							

Form. Name \_\_\_\_\_ Type: \_\_\_\_\_

Packer Type \_\_\_\_\_ Set At **0**

Bottom Hole Temp. **0** Pressure \_\_\_\_\_

Retainer Depth \_\_\_\_\_ Total Depth **5,850'**

Date	Called Out <b>1/18/2012</b>	On Location <b>1/18/2012</b>	Job Started <b>1/18/2012</b>	Job Completed <b>1/18/2012</b>
Time	<b>6:00AM</b>	<b>10:00AM</b>	<b>1:15PM</b>	<b>3:00PM</b>

Type and Size	Qty	Make
Auto Fill Tube	0	IR
Insert Float Val	0	IR
Centralizers	0	IR
Top Plug	1	IR
HEAD	1	JR
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	New	26.0	7		Surface	5,825'	3,500
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole			8 3/4		Surface	5,837'	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.	ln
NE Agent	Gal.	ln
Fluid Loss	Gal/Lb	ln
Gelling Agent	Gal/Lb	ln
Fric. Red.	Gal/Lb	ln
MISC.	Gal/Lb	ln

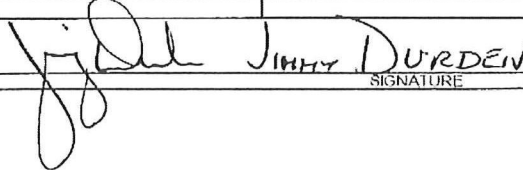
Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
1/18	5.0	1/18	2.0	Intermediate
Total	5.0	Total	2.0	

Perfpac Balls	Qty.
Other	
Other	
Other	
Other	
Other	

Pressures	
MAX	3,500
AVG	450
Average Rates in BPM	
MAX	10
AVG	5
Cement Left in Pipe	
Feet	37
Reason Shoe Joint	

Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	410	50/50 POZ PREMIUM	4% Gel - 0.4% C-12 - 0.1% C-37 - 0.5% C-41P - 2 lb/sk Phenoseal			
2	0	0		0	0.00	0.00
3	0	0		0	0.00	0.00

Summary			
Preflush	Type:	BBI	20.00
Breakdown	MAXIMUM	Gal - BBI	N/A
	Lost Returns-N	Excess /Return BBI	N/A
	Actual TOC	Calc. TOC:	3,250
Average	Frac. Gradient	Treatment: Gal - BBI	N/A
15MP	5 Min.	Cement Slurry: BBI	105.0
	10 Min.	Total Volume	BBI 346.00
	15 Min.		

CUSTOMER REPRESENTATIVE  SIGNATURE

# Mid-Continent Conductor, LLC

P.O. Box 1570  
Woodward, OK 73802  
Phone: (580)254-5400  
Fax: (580)254-3242

## Invoice

Date	Invoice #
12/29/2011	1183

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	12/29/2011	Stacey 1-23 SWD, Harper Cnty, KS	Tomcat 2

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	10	Furnished 10 yards of 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	
			<b>Subtotal</b> \$16,750.00
			<b>Sales Tax (0.0%)</b> \$0.00
			<b>Total</b> \$16,750.00