



Confidentiality Requested:

Yes No

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
- 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:
 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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Daily Operations

MACY 1-34 SWD

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

Report Date: 8/15/2015, Report # 8, DFS: 1,276.21

Corporate ID 120681		API No. 15077217700000		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 8	Range E/W Dir W	Section 34	Section Suf	Field Name WILDCAT		

Daily Operations

Report Start Date 8/14/2015 05:00	Report End Date 8/15/2015 05:00
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Operations at Report Time
WSI

Operations Summary
MIRU SLU. RU SB tool. RIH w/ SL. Tag TOC @ 6465'. POOH. KCC on location as witness. RDMO SLU. TOTP. FINAL REPORT.

Operations Next 24 Hours
TOTP

Daily Contacts

Job Contact

Time Log

Start Time	End Time	Dur (hr)	Cum Dur (hr)	ladc Code	Category	Dpth Start (ftKB)	Dpth End (ftKB)	Description
05:00	11:00	6.00	6.00					WSI
11:00	12:00	1.00	7.00					HSM JSA, MIRU Asher SLU, RU 1 5/8" SB tool, RIH w/ SL and tag TOC @ 6533', POOH, RDMO SLU. TOC tag w/ SL- 6465' KB KCC rep- Steve VanGieson
12:00	05:00	17.00	24.00					TOTP. FINAL REPORT.



Current

Spud Date 2/16/2012

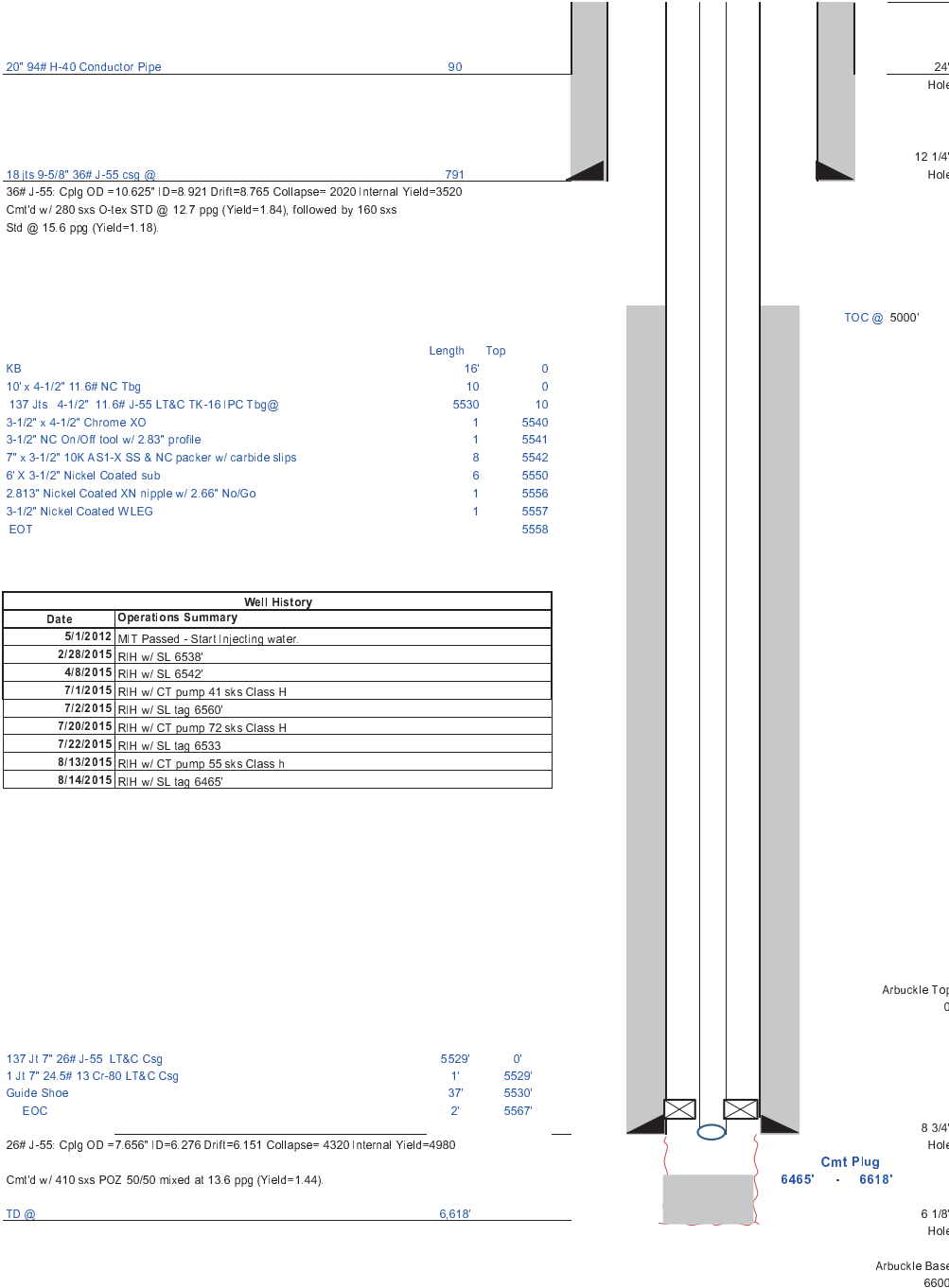
Field Stranathan
 County Harper
 State KS
 Well **MACY 1-34 SWD**
 SH Location SEC 34, TWP 34S, RNG 8W
 Elevations 1235' KB; 1219' GL

Wellbore Schematic

15-077-21770
 API No.

Original Completion ()	
Current	X
Workover	
Proposed	

Well Bore Data **MD** **TVD**



Well History	
Date	Operations Summary
5/1/2012	MIT Passed - Start Injecting water.
2/28/2015	RIH w/ SL 6538'
4/8/2015	RIH w/ SL 6542'
7/1/2015	RIH w/ CT pump 41 sks Class H
7/2/2015	RIH w/ SL tag 6560'
7/20/2015	RIH w/ CT pump 72 sks Class H
7/22/2015	RIH w/ SL tag 6533
8/13/2015	RIH w/ CT pump 55 sks Class h
8/14/2015	RIH w/ SL tag 6465'

Summary of Changes

Lease Name and Number: Macy 1-34 SWD

API/Permit #: 15-077-21770-00-00

Doc ID: 1278094

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	04/03/2012	01/19/2016
Cementing Purpose Plug Back TD	No	Yes
CementingDepth1_PDF	-	6465-6618
CementingDepthBase1		6618
CementingDepthTop1		6465
Contractor Name	Lariat Services, Inc.	Lariat Services, Inc. dba Chaparral, Drilling, Fluids
Fracturing Question 1		No
LocationInfoLink	https://solar.kgs.ku.edu/ kcc/detail/locationInform ation.cfm?section=34&t	https://kolar.kgs.ku.edu/ kcc/detail/locationInform ation.cfm?section=34&t
Number Of Sacks Used for Cementing / Squeezing- Line 1 Plug Back Total Depth		168 6465

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Save Link	../../kcc/detail/operatorEditDetail.cfm?docID=1074844	../../kcc/detail/operatorEditDetail.cfm?docID=1278094
Type Of Cement Used for Cementing / Squeezing - Line 1		Class H

Summary of Attachments

Lease Name and Number: Macy 1-34 SWD

API: 15-077-21770-00-00

Doc ID: 1278094

Correction Number: 1

Attachment Name



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 #: _____
- 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

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 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 Geologist Report / Mud Logs <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
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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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	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

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>	PRODUCTION INTERVAL: Top Bottom

Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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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 22, 2012

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

Re: ACO1
API 15-077-21770-00-00
Macy 1-34 SWD
SW/4 Sec.34-34S-08W
Harper County, Kansas

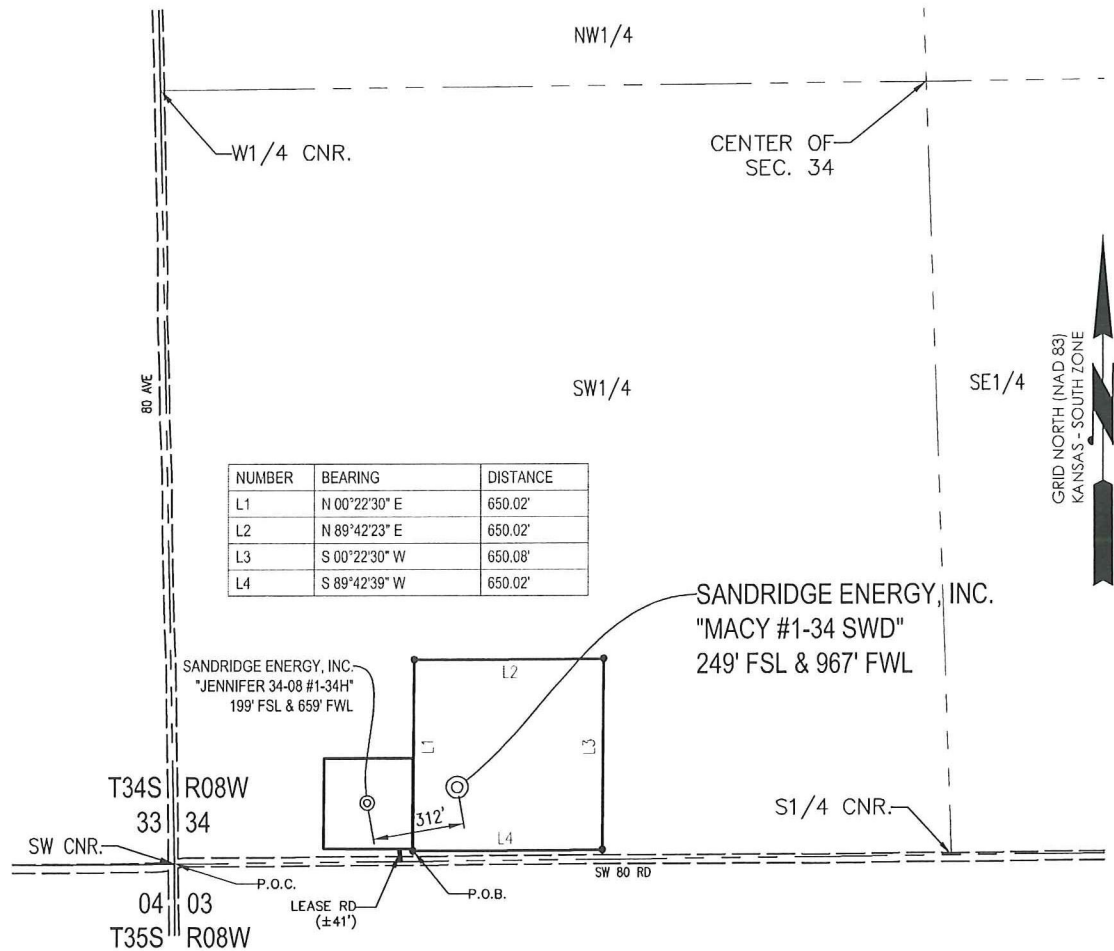
Dear Production Department:

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

T 34 S - R 08 W



PLAT SHOWING
**9.70 ACRE TRACT OF LAND IN THE
 SW 1/4 OF SECTION 34, T34S-R08W,
 HARPER COUNTY, KANSAS**

METES AND BOUNDS DESCRIPTION (9.70 ACRE TRACT)

PART OF THE SW 1/4 OF SECTION 34, TOWNSHIP 34 SOUTH, RANGE 08 WEST, HARPER COUNTY, KANSAS, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE SW CORNER OF SAID SECTION 34;
 THENCE N 89°26'32" E ALONG THE SOUTH LINE OF SAID SECTION 34, A DISTANCE OF 811.46 FEET;
 THENCE N 00°33'28" W, A DISTANCE OF 34.94 FEET TO THE POINT OF BEGINNING;
 THENCE N 00°22'30" E, A DISTANCE OF 650.02 FEET;
 THENCE N 89°42'23" E, A DISTANCE OF 650.02 FEET;
 THENCE S 00°22'30" W, A DISTANCE OF 650.08 FEET;
 THENCE S 89°42'39" W, A DISTANCE OF 650.02 FEET TO THE POINT OF BEGINNING.

SAID TRACT CONTAINING 9.70 ACRES OF LAND AS SURVEYED.

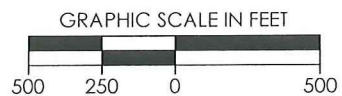
SURVEYOR'S CERTIFICATE:

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.

9/22/2011

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		
	"MACY #1-34 SWD" PART OF THE SW 1/4 OF SECTION 34, T-34-S, R-08-W PROPOSED DRILL SITE HARPER COUNTY, KANSAS		
	SCALE: 1" = 500'	DRAWN BY: S.ANDER	SHEET NO.: 1 OF 1
	PLOT DATE: 09-22-2011		

Notice of Conductor Pipe Installation

Installation Company Information

Firm Name	Koda Services, Inc.
Mailing Address	P O Box 66
City	Woodward
State	OK
Zip	73802

Well Operator Information

Operator name	Sandridge Energy
Mailing Address	P O Box 1748
City	Oklahoma City
State	OK
Zip	73102

Well Information

Well Name	Macy 1-34 SWD
Rig	Lamunyon #1

Installation Details

Pipe Size	20"
Depth	90'
Mouse Hole Pipe Depth	
Completion Method	Circulate 10 yards grout to surface via conductor
Date installed	2/8/2012

JOB SUMMARY			PROJECT NUMBER SOK1223	TICKET DATE 02/17/12
COUNTY Harper	State Kansas	COMPANY Sandridge Exp and Production	CUSTOMER REP Paul Beckelheimer	
LEASE NAME Macy SWD	Well No. 1-34	JOB TYPE Surface	EMPLOYEE NAME Larry Kirchner Jr.	

EMP NAME Larry Kirchner Jr.	Robert Stonehocker				
John Hall					
Emmit Brock					
Michael Bajo					

Form. Name _____ Type: _____

Packer Type _____ Set At **0**

Bottom Hole Temp. **80** Pressure _____

Retainer Depth _____ Total Depth **800'**

Date	Called Out 2/16/2012	On Location 2/17/2012	Job Started 2/17/2012	Job Completed 2/17/2012
Time	10:00PM	2:00AM	4:30AM	6:00AM

Tools and Accessories

Type and Size	Qty	Make
Auto Fill Tube	0	IR
Insert Float Val	0	IR
Centralizers	0	IR
Top Plug	1	IR
HEAD	1	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	New	36.0	9 5/8		Surface	791'	1,500
Liner							
Liner							
Tubing			0				
Drill Pipe							
Open Hole			12 1/4"		Surface	791'	Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials

Mud Type	WBM	Density	9	Lb/Gal
Disp. Fluid	Fresh Water	Density	8.33	Lb/Gal
Spacer type	Fresh Water	BBL.	10	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

Date	Hours	Date	Hours	Description of Job
2/17	4.0	2/17	2.0	Surface
Total	4.0	Total	2.0	

Perfpac Balls _____ Qty. _____

Other _____

Other _____

Other _____

Other _____

Other _____

Pressures

MAX	1,500 PSI	AVG	80
Average Rates in BPM			
MAX	8 BPM	AVG	4
Cement Left in Pipe			
Feet	46	Reason	SHOE JOINT

Cement Data

Slage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	340	O-Tex Lite Standard	(6%Gal) 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	10.00	Type:	FRESH WATER
Breakdown	MAXIMUM	1,500 PSI	Load & Bkdn: Gal - BBI
	Lost Returns-N	NO/FULL	Excess /Return BBI
	Actual TOC	SURFACE	Calc. TOC:
Average	Bump Plug PSI:	Final Circ. PSI:	500
ISIP	5 Min. 10 Min. 15 Min.	Cement Slurry: BBI	149.3
		Total Volume BBI	216.75

CUSTOMER REPRESENTATIVE Paul Beckelheimer SIGNATURE

JOB SUMMARY

JOB SUMMARY			PROJECT NUMBER SOK1237	TICKET DATE 02/21/12
COUNTRY Harper	State Kansas	COMPANY Sandridge Exp and Prod	CUSTOMER REP Paul Beckelhiemer	
LEASE NAME Macy SWD	Well No. 1-34	JOB TYPE Intermediate	EMPLOYEE NAME CHRIS B.	

EMP NAME					
Chris Bigbey					
Jared Green					
Arthur Setzer					
Rocky Anthis					

Form. Name _____ Type: _____

Packer Type _____ Set At **150**

Bottom Hole Temp. **0** Pressure _____

Retainer Depth _____ Total Depth **5,568'**

Date	Called Out	On Location	Job Started	Job Completed
	2/21/2012	2/21/2012	2/21/2012	2/21/2012
Time	1600	2045	0040	0147

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		26.0	7		Surface	5,568'	5,000
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole			8 3/4"		Surface	5,570'	Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials			
Mud Type	WBM	Density	9.1 Lb/Gal
Disp. Fluid	Fresh Water	Density	8.33 Lb/Gal
Spacer type	resh Water BBL.		20 8.33
Spacer type	Caustic BBL.		10 8.40
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	
Perfpac Balls	Qty.		
Other			
Other			
Other			
Other			
Other			

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
2/21	5.5	2/21	1.0	Intermediate
Total	5.5	Total	1.0	

Pressures			
MAX	5,000 PSI	AVG	600
Average Rates in BPM			
MAX	10 BPM	AVG	5
Cement Left in Pipe			
Feet	40	Reason	SHOE JOINT

Cement Data			
Stage	Sacks	Cement	Additives
1	300	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
3	0	0	0

Summary								
Preflush	10	Type:	CAUSTIC	Preflush:	BBI	10.00	Type:	FRESH WATER
Breakdown		MAXIMUM	5,000 PSI	Load & Bkdn:	Gal - BBI	N/A	Pad: Bbl -Gal	N/A
		Lost Returns-N	YES	Excess /Return	BBI	N/A	Calc. Disp Bbl	211
		Actual TOC	3,500'	Calc. TOC:		3,500'	Actual Disp.	211.20
Average		Bump Plug PSI:	1,300	Final Circ.	PSI:	800	Disp: Bbl	211.20
ISIP	5 Min.	10 Min	15 Min	Cement Slurry:	BBI	76.9		
				Total Volume	BBI	298.10		

CUSTOMER REPRESENTATIVE Paul Beckelhiemer SIGNATURE _____

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Back to Well Completion

Macy 1-34 SWD (1074844)

Actions

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Attachments

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Remarks

Remarks to KCC

Add Remark

Remarks

Tiffany Golay 04/03/012 01:19 pm	Soil Farming done by APSS. No License number available.
Tiffany Golay 03/08/012 02:46 pm	Cementing: Conductor weight is 94 lbs/ ft and 10 yards of grout was used (Koda Services does no track sacks)