



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: _____

1244464

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
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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				

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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Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Shayne SWD 3508 1-4
Doc ID	1244464

Tops

Name	Top	Datum
Base Heebner	3548	
Lansing	3905	
Cottage Grove	4157	
Swope	4356	
Marmaton	4477	
Oswego	4490	
Pawnee	4541	
Cherokee	4606	
Verdigris	4628	
Mississippian Unconformity	4801	
Kinderhook	5146	
Woodford	5220	
Simpson	5308	
Simpson Shale	5408	
Oil Creek	5521	
Arbuckle	5542	

Summary of Changes

Lease Name and Number: Shayne SWD 3508 1-4

API/Permit #: 15-077-22015-00-00

Doc ID: 1244464

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	05/22/2014	03/02/2015
Save Link	../../../../kcc/detail/operatorE ditDetail.cfm?docID=12 04438	../../../../kcc/detail/operatorE ditDetail.cfm?docID=12 44464
Total Depth	6842	6042



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1204438
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

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

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
- 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 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
--	---

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
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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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Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Shayne SWD 3508 1-4
Doc ID	1204438

Tops

Name	Top	Datum
Base Heebner	3548	
Lansing	3905	
Cottage Grove	4157	
Swope	4356	
Marmaton	4477	
Oswego	4490	
Pawnee	4541	
Cherokee	4606	
Verdigris	4628	
Mississippian Unconformity	4801	
Kinderhook	5146	
Woodford	5220	
Simpson	5308	
Simpson Shale	5408	
Oil Creek	5521	
Arbuckle	5542	



BASIN SERVICES, LLC
 P O BOX 4268
 ABILENE, TX 79608-4268
 Phone # (325)690-0053
 Fax # (325)698-0055

TICKET

TICKET NUMBER: WY-251-1
 TICKET DATE: 03/29/2014

ELECTRONIC

SANDRIDGE ENERGY
 ***** BILL IN ADP!! *****
 123 ROBERT S KERR AVE
 OKLAHOMA CITY, OK 73102-6406

YARD: WY WAYNOKA OK
 LEASE: Shayne SWD 3508
 WELL#: 1-4
 RIG #: Horizon 5
 Co/St: HARPER, KS

DESCRIPTION	QUANTITY	RATE	AMOUNT
3/28-29/2014 DRILLED 30" CONDUCTOR HOLE			
3/28-29/2014 20" CONDUCTOR PIPE (.250 WALL)			
3/28-29/2014 6' X 6' CELLAR TINHORN WITH PROTECTIVE RING			
3/28-29/2014 DRILL & INSTALL 6' X 6' CELLAR TINHORN			
3/28-29/2014 DRILLED 20" MOUSE HOLE (PER FOOT)			
3/28-29/2014 16" CONDUCTOR PIPE (.250 WALL)			
3/28-29/2014 MOBILIZATION OF EQUIPMENT & ROAD PERMITTING FEE			
3/28-29/2014 WELDING SERVICES FOR PIPE & LIDS			
3/28-29/2014 PROVIDED EQUIPMENT & LABOR TO ASSIST IN PUMPING CONCRETE			
3/28-29/2014 PROVIDED METAL LIDS (1 FOR CONDUCTOR & 2 FOR MOUSEHOLE PIPE)			
3/28-29/2014 10 YDS OF 10 SACK GROUT			
3/28-29/2014 TAXABLE ITEMS			4,100.00
3/28-29/2014 BID - TAXABLE ITEMS			13,150.00
		Sub Total:	17,250.00
		Tax HARPER COUNTY (6.15 %):	252.15
		TICKET TOTAL:	<u>\$ 17,502.15</u>

I, the undersigned, acknowledge the acceptance of the above listed goods and/or services.

Approved Signature _____

JOB SUMMARY			PROJECT NUMBER SOK 3671	TICKET DATE 05/01/14
COUNTY Harper	State Kansas	COMPANY Bridge Exploration & Produc	CUSTOMER REP Jase Bradley	
LEASE NAME Shayne SWD 3508	Well No. 1-4	JOB TYPE Surface	EMPLOYEE NAME Bryan Douglas	

EMP NAME					
Bryan Douglas		0			
Rocky Anthis					
Flo Helkena					
Paul Thomas					

Form. Name _____ Type: _____

Packer Type _____ Set At **0**

Bottom Hole Temp. **80** Pressure _____

Retainer Depth _____ Total Depth **751'**

	Called Out	On Location	Job Started	Job Completed
Date	4/30/2014	5/1/2014	5/1/2014	5/1/2014
Time	2200	0000	0500	0700

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
Casing		24#	8 1/2"	Surface	751'
Liner					
Liner					
Tubing			0		
Drill Pipe					
Open Hole			12 1/4"	Surface	751'
Perforations					Shots/Ft.
Perforations					
Perforations					

Materials			
Mud Type	WBM	Density	9 Lb/Gal
Disp. Fluid	Fresh Water	Density	8.33 Lb/Gal
Spacer type	resh 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		Operating Hours		Description of Job
Date	Hours	Date	Hours	
5/1	7.0	5/1	2.0	Surface
				1/2 BBL RETURN
				45 BBLs CEMENT BACK
Total	7.0	Total	2.0	

Perfpac Balls _____ Qty. _____

Other _____

Other _____

Other _____

Other _____

Pressures	
MAX	1,500 PSI
AVG	200
Average Rates in BPM	
MAX	6 BPM
AVG	4
Cement Left in Pipe	
Feet	47
Reason	SHOE JOINT

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	245	EX Lite Premium Plus 65	(6% Gel) 2% Calcium Chloride - 1/2pps Cello-Flake - .4% C-41P	11.11	2.01	12.40
2	185	Premium Plus (Class C)	2% Calcium Chloride - 1/2pps Cello-Flake	6.32	1.32	14.80
3	*100	Premium Plus (Class C)	*2% Calcium Chloride on side to use if necessary	*6.32	*1.32	*14.8

Summary					
Preflush	10	Type:	Fresh Water	Preflush:	BBI 10.00
Breakdown		MAXIMUM	1,500 PSI	Load & Bkdn:	Gal - BBI N/A
		Lost Returns-N	NO/FULL	Excess /Return	BBI 45
		Actual TOC	SURFACE	Calc. TOC:	SURFACE
Average		Bump Plug PSI:	900	Final Circ.	PSI: 400
IS:P _____	5 Min. _____	10 Min. _____	15 Min. _____	Cement Slurry:	BBI 131.2
				Total Volume	BBI 186.07

CUSTOMER REPRESENTATIVE _____ SIGNATURE _____

JOB SUMMARY			PROJECT NUMBER SOK 3697	TICKET DATE 05/08/14
COUNTY Harper	State Kansas	COMPANY Sandridge Exploration & Production	CUSTOMER REP Shane Morrison	
LEASE NAME Shayne SWD 3508	Well No. 1-4	JOB TYPE Intermediate	EMPLOYEE NAME marcos quintana	

EMP NAME					
Marcos Quintana		0			
Wallace Berry					
David Settlemier					
David Thomas					

Form. Name _____ Type: _____
Packer Type _____ Set At **0**
Bottom Hole Temp. **155** Pressure _____
Retainer Depth _____ Total Depth **5703**

Date	Called Out 5/8/2014	On Location 5/8/2014	Job Started 5/8/2014	Job Completed 5/8/2014
Time	0500	1000	1128	1300

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
Casing		17#	5 1/2"		Surface	
Liner						
Liner						
Tubing			0			
Drill Pipe						
Open Hole			7 7/8"		Surface	5,703
Perforations						Shots/Ft.
Perforations						
Perforations						

Materials			
Mud Type	WBM	Density	9 Lb/Gal
Disp. Fluid	Fresh Water	Density	8.33 Lb/Gal
Spacer type	resh Wate BBL.	20	8.33
Spacer type	Caustic BBL.	10	8.40
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	

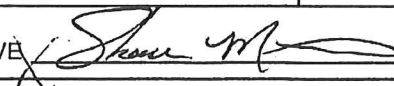
Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
5/8	3.0	5/8	2.0	Intermediate
Total	3.0	Total	2.0	

Perpac Balls _____ Qty. _____
Other _____
Other _____
Other _____
Other _____
Other _____

Pressures	
MAX	5,000 PSI
AVG	500
Average Rates in BPM	
MAX	8 BPM
AVG	5
Cement Left in Pipe	
Feet	86
Reason	SHOE JOINT

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	480	O-Tex Lite Premium 65/38	(Class H) - 6% Gel - 0.2% FL-17 - 0.1% C-20 - 0.4% C-41P - 1/4 pps Celloflak	11.04	2.01	12.40
2	195	Premium Plus (Class C)	0.2% FL-17 - 0.2% C-20 - 0.4% C-41P - 1/4 pps Celloflake	6.32	1.33	14.80
3	0	0		0	0.00	0.00

Summary					
Preflush	10	Type: Caustic	Preflush:	BBI	30.00
Breakdown		MAXIMUM	5,000 PSI	Load & Bkdn:	Gal - BBI
		Lost Returns-N	NO/FULL	Excess /Return	BBI
Average		Actual TOC		Calc. TOC:	5.516
SIF	5 Min.	Bump Plug PSI:	1,500	Final Circ. PSI:	1,000
	10 Min			Cement Slurry: BBI	217.0
	15 Min			Total Volume	BBI 377.00

CUSTOMER REPRESENTATIVE  SIGNATURE