



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: _____



1160207

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Renee 2230 1-2
Doc ID	1160207

Tops

Name	Top	Datum
Ft Scott	4506	-1728
Cherokee	4526	-1748
Miss Unc	4661	-1883
St Louis	4686	-1908
Spergen	4758	-1980
Warsaw	4831	-2053
Osage	4944	-2166
Kinderhook	5153	-2375
Viola	5253	-2475
Simpson	5407	-2629
Arbuckle	5425	-2647

Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Renee 2230 1-2
Doc ID	1160207

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
2	4902 - 4906		
2	4881 - 4885		
2	4862 - 4866		
2	4844 - 4848		
2	4814 - 4818		
2	4807 - 4810		
	CIBP	dunp 2 sxs "C" neat cement on top	5110
	4665 - 4781	Frac, 50 bbl 15% NEFE HCL, 60 bbl felled 15%NEFE HCL acid, 3749 bbl Low PH slickwater, 10038# 100 mesh sand, 15823# 40/70 mesh sand, flush w/222bbl slickwater	
		CIBP - 2sks cement on top	



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 261833

Invoice Date: 08/30/2013 Terms: 10/10/30,n/30

Page 1

SANDRIDGE ENERGY INC
123 ROBERT S KERR AVENUE
P.O. BOX 1748
OKLAHOMA CITY OK 73102
(405) 429-5500

RENEE 2230
44321
2-22S-30W
08-28-2013
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	220.00	15.8600	3489.20
1118B	PREMIUM GEL / BENTONITE	756.00	.2700	204.12
1107	FLO-SEAL (25#)	55.00	2.9700	163.35

Sublet Performed	Description	Total
9996-130	CEMENT MATERIAL DISCOUNT	-385.67
9995-130	CEMENT EQUIPMENT DISCOUNT	-267.67

Description	Hours	Unit Price	Total
399 CEMENT PUMP (SURFACE)	1.00	1150.00	1150.00
399 EQUIPMENT MILEAGE (ONE WAY)	70.00	5.25	367.50
T-129 TON MILEAGE DELIVERY	1.00	1159.20	1159.20

Amount Due 6814.90 if paid after 09/29/2013

Parts:	3856.67	Freight:	.00	Tax:	253.38	AR	6133.41
Labor:	.00	Misc:	.00	Total:	6133.41		
Sublt:	-653.34	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-8822

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914

CUSHING, OK
918/225-2650



CONSOLIDATED
Oil Well Services, LLC

261833

TICKET NUMBER 44321
LOCATION OAKLEY KS.
FOREMAN WALT DINKEL
DAMON M. TRAINING

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
8-28-13	7373	RENEE 2230	2	225	30W	FINNEY	
CUSTOMER		MAILING ADDRESS		TRUCK #	DRIVER	TRUCK #	DRIVER
Sand Ridge Energy		GARDEN CITY N to 6 miles RD E to HWY RD N to MOZZERA RD W SINEO		399	DANE		
CITY		STATE	ZIP CODE	529-T-129	TIM		
SAND RIDGE							

JOB TYPE PLUG HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2
CASING DEPTH _____ DRILL PIPE _____ TUBING 2 7/8 - 20 OTHER 2057 - 984
SLURRY WEIGHT 14-14.2 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: SAFETY MEETING RIG UP ON LARIAT SERVICES, Connect to 2 7/8 Tubing, Pump 13 BBL water ahead, mixed 100 sks 60/40 por, 4% Gel, 1/4" Flo-Seal, Displace 5 BBL water, Pull Tubing to 984', Pump 6 BBL water ahead, mixed 100 sks 60/40 por, 4% Gel, 1/4" Flo-Seal, Displace 2 BBL water, connect CWC to surface, Pull out of Hole, Top of FF Well w/ 20 sks, Pressure gauges to 500#, Hold

Thanks You
Walt - Damon + crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1,150.00	1,150.00
5406	70	MILEAGE	5.25	367.50
1131	220 sks	60/40 por	15.86	3,489.20
118B	7.56 #	Bentamite	127	204.12
1107	5.5 #	Flo-Seal	2.97	16.335
5407A	9.46	Ton Mileage Delivery	1.75	1,159.20
				6,533.32
		Less 10% Disc.		- 653.33
				5,880.03
		SALES TAX		253.38
		ESTIMATED TOTAL		6133.41

Ravin 3737

AUTHORIZATION

Chad Behner TITLE _____

DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

Summary of Changes

Lease Name and Number: Renee 2230 1-2

API/Permit #: 15-055-21774-00-01

Doc ID: 1160207

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	07/12/2013	09/27/2013
Cementing Purpose Perforate	No	Yes
Cementing Purpose Plug Off Zone	No	Yes
Cementing Purpose Protect Casing	Yes	No
Fluid Mngmt - Chloride Content		15000
Fluid Mngmt - County		Lipscomb, TX
Fluid Mngmt - Dewatering Method		Hauled to Disposal
Fluid Mngmt - Fluid Volume		1660
Fluid Mngmt - Lease Name		unknown
Fluid Mngmt - Operator License		10099

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Fluid Mngmt - Operator Name		Weinett Disposal LLC
Fluid Mngmt - Permit		99999
Fluid Mngmt - Quarter		NW
Fluid Mngmt - Range		43
Fluid Mngmt - Range Direction		West
Fluid Mngmt - Section		10
Fluid Mngmt - Township		79
RePerf	No	Yes
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1138283	../../../../kcc/detail/operatorEditDetail.cfm?docID=1160207
Tubing Packer At	4752	
Tubing Record - Set At	4650	
Tubing Size	2.875	
Well Type	OIL	DH

Summary of Attachments

Lease Name and Number: Renee 2230 1-2

API: 15-055-21774-00-01

Doc ID: 1160207

Correction Number: 1

Attachment Name



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
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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
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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:	
----------------	-------	---------	------------	--

Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Renee 2230 1-2
Doc ID	1138283

Tops

Name	Top	Datum
Ft Scott	4506	-1728
Cherokee	4526	-1748
Miss Unc	4661	-1883
St Louis	4686	-1908
Spergen	4758	-1980
Warsaw	4831	-2053
Osage	4944	-2166
Kinderhook	5153	-2375
Viola	5253	-2475
Simpson	5407	-2629
Arbuckle	5425	-2647

Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Renee 2230 1-2
Doc ID	1138283

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
2	4902 - 4906		
2	4881 - 4885		
2	4862 - 4866		
2	4844 - 4848		
2	4814 - 4818		
2	4807 - 4810		
	CIBP	dunp 2 sxs "C" neat cement on top	5110
	4665 - 4781	Frac, 50 bbl 15% NEFE HCL, 60 bbl felled 15%NEFE HCL acid, 3749 bbl Low PH slickwater, 10038# 100 mesh sand, 15823# 40/70 mesh sand, flush w/222bbl slickwater	

RECEIVED

APR 23 2013

REGULATORY DEPT
SANDRIDGE ENERGY

HALLIBURTON

Cementing Job Summary

The Road to Excellence Starts with Safety

Sold To #: 305021	Ship To #: 2988196	Quote #:	Sales Order #: 900332483
Customer: SANDRIDGE ENERGY INC EBUSINESS		Customer Rep:	
Well Name: Renee 2230	Well #: 1-2 RE	API/UWI #:	
Field:	City (SAP): GARDEN CITY	County/Parish: Finney	State: Kansas
Legal Description: Section 1 Township 25N Range 6W			
Contractor: Tomcat		Rig/Platform Name/Num: 3	
Job Purpose: Cement Production Casing			
Well Type: Development Well		Job Type: Cement Production Casing	
Sales Person: GUSTKE, GREGORY		Srvc Supervisor: RALSTON, NICHOLAS	MBU ID Emp #: 496027

Job Personnel

HES Emp Name	Exp Hrs	Emp #	HES Emp Name	Exp Hrs	Emp #	HES Emp Name	Exp Hrs	Emp #
JIMENEZ, JESUS Medrano	15.0	221813	MOLINA, BLAKE Storm	15.0	522117	NASH, ANDREW Mark	15.0	536983
RALSTON, NICHOLAS	15.0	496027						

Equipment

HES Unit #	Distance-1 way	HES Unit #	Distance-1 way	HES Unit #	Distance-1 way	HES Unit #	Distance-1 way

Job Hours

Date	On Location Hours	Operating Hours	Date	On Location Hours	Operating Hours	Date	On Location Hours	Operating Hours
4-7-13	8	3	4-8-13	7	5			

TOTAL Total is the sum of each column separately

Job				Job Times			
Formation Name	Formation Depth (MD) Top	Bottom	Form Type	Date	Time	Time Zone	
			BHST	07 - Apr - 2013	09:00	CST	Called Out
	4900. ft			07 - Apr - 2013	16:00	CST	On Location
				07 - Apr - 2013	21:31	CST	Job Started
				08 - Apr - 2013	04:30	CST	Job Completed
				08 - Apr - 2013	07:00	CST	Departed Loc

Well Data

Description	New / Used	Max pressure psig	Size in	ID in	Weight lbm/ft	Thread	Grade	Top MD ft	Bottom MD ft	Top TVD ft	Bottom TVD ft
Open Hole				7.875				412.	4900.	412.	4900.
Production Casing	Unknown		5.5	4.892	17.		L-80		4900.		4900.
Surface Casing	Unknown		8.625	8.097	24.				412.		412.

Tools and Accessories

Type	Size	Qty	Make	Depth	Type	Size	Qty	Make	Depth	Type	Size	Qty	Make
Guide Shoe					Packer					Top Plug			
Float Shoe					Bridge Plug					Bottom Plug			
Float Collar					Retainer					SSR plug set			
Insert Float										Plug Container			
Stage Tool										Centralizers			

Miscellaneous Materials

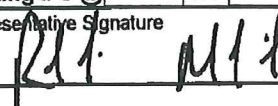
Gelling Agt	Conc	Surfactant	Conc	Acid Type	Qty	Conc	%
Treatment Fld	Conc	Inhibitor	Conc	Sand Type	Size	Qty	

Fluid Data

Stage/Plug #: 1

HALLIBURTON

Cementing Job Summary

Fluid #	Stage Type	Fluid Name	Qty	Qty uom	Mixing Density lbm/gal	Yield ft ³ /sk	Mix Fluid Gal/sk	Rate bbl/min	Total Mix Fluid Gal/sk
1	TergoVis I Spacer	ENHANCER 923, BULK (101894003)	30.0	sacks	9.	7.96	56.76	6	56.76
	62 lbm	ENHANCER 923, BULK (101894003)							
	0.8 %	SA-1015, 50 LB SACK (102077046)							
	0.5 %	D-AIR 5000, 50 LB SACK (102068797)							
	56.759 Gal	FRESH WATER							
2	First Stage Lead	ECONOCEM (TM) SYSTEM (452992)	230.0	sacks	11.6	2.5	14.43	6	14.43
	3 %	CAL-SEAL 60, 50 LB BAG (101217146)							
	6 %	BENTONITE, BULK (100003682)							
	0.1 %	WG-17, 50 LB SK (100003623)							
	14.426 Gal	FRESH WATER							
3	First Stage Tail Cement	ECONOCEM (TM) SYSTEM (452992)	390.0	sacks	13.6	1.5	6.76	6	6.76
	5 lbm	KOL-SEAL, BULK (100064233)							
	0.25 %	SA-1015, 50 LB SACK (102077046)							
	0.2 %	CFR-3, W/O DEFOAMER, 50 LB SK (100003653)							
	6.756 Gal	FRESH WATER							
4	Displacement		132.00	bbl	8.33	.0	.0	6	
5	Second Stage Lead	CMT - PREMIUM CEMENT (100003687)	130.0	sacks	11.6	2.51	14.47	5	14.47
	23.5 lbm	CMT - PREMIUM - CLASS H REG OR TYPE V, BULK (100003687)							
	42 lbm	POZMIX A (BULK) FLYASH (100003690)							
	23.5 lbm	ENHANCER 923, BULK (101894003)							
	3 %	CAL-SEAL 60, 50 LB BAG (101217146)							
	6 %	BENTONITE, BULK (100003682)							
	0.1 %	WG-17, 50 LB SK (100003623)							
	14.467 Gal	FRESH WATER							
6	Fresh Water Displacement		30.00	bbl	.			3.5	
Calculated Values		Pressures			Volumes				
Displacement	157	Shut In: Instant		Lost Returns	N	Cement Slurry	264	Pad	
Top Of Cement		5 Min		Cement Returns	N	Actual Displacement	157	Treatment	
Frac Gradient		15 Min		Spacers	40	Load and Breakdown		Total Job	
Rates									
Circulating		Mixing	6	Displacement	6	Avg. Job	6		
Cement Left In Pipe	Amount	2 ft	Reason	Shoe Joint					
Frac Ring # 1 @	ID	Frac ring # 2 @	ID	Frac Ring # 3 @	ID	Frac Ring # 4 @	ID		
The Information Stated Herein Is Correct				Customer Representative Signature					
									

HALLIBURTON

Cementing Job Log

The Road to Excellence Starts with Safety

Sold To #: 305021		Ship To #: 2988196		Quote #:		Sales Order #: 900332483	
Customer: SANDRIDGE ENERGY INC EBUSINESS				Customer Rep:			
Well Name: Renee 2230			Well #: 1-2 RE			API/UWI #:	
Field:		City (SAP): GARDEN CITY		County/Parish: Finney		State: Kansas	
Legal Description: Section 1 Township 25N Range 6W							
Lat: N 0 deg. OR N 0 deg. 0 min. 0 secs.				Long: E 0 deg. OR E 0 deg. 0 min. 0 secs.			
Contractor: Tomcat			Rig/Platform Name/Num: 3				
Job Purpose: Cement Production Casing						Ticket Amount:	
Well Type: Development Well			Job Type: Cement Production Casing				
Sales Person: GUSTKE, GREGORY			Srcv Supervisor: RALSTON, NICHOLAS			MBU ID Emp #: 496027	

Activity Description	Date/Time	Cht #	Rate bbl/min	Volume bbl		Pressure psig		Comments
				Stage	Total	Tubing	Casing	
Call Out	04/07/2013 09:00							CREW CALLED TO YARD FOR JOB.
Depart Yard Safety Meeting	04/07/2013 11:00							CREW DISCUSSED ROUTE, TRAFFIC, AND SAFETY CONCERNS.
Depart from Service Center or Other Site	04/07/2013 11:30							LEFT YARD FOR LOCATION. CONTACTED JOURNEY MANAGMENT.
Arrive At Loc	04/07/2013 16:00							CREW ARRIVED ON LOCATION
Assessment Of Location Safety Meeting	04/07/2013 16:20							DISCUSSED LOCATION OF RESOURCES, SPOTTING OF VEHICLES AND HAZARDS AROUND LOCATION.
Other	04/07/2013 16:30							WENT OVER NUMBERS WITH TOOL HAND AND COMPANY MAN FOUND OUT THERE CALLING IT A 3 STAGE NOT 2 STAGE HAD 2 DV TOOLS IN THE HOLE
Pre-Rig Up Safety Meeting	04/07/2013 16:35							CREW DISCUSSED HAZARDS, PINCHPOINTS, AND LAY OUT OF RIG UP FOR JOB, INCLUDING NEARBY HAZARDS AND RESOURCES.

Sold To #: 305021

Ship To #: 2988196

Quote # :

Sales Order #: 900332483

HALLIBURTON

Cementing Job Log

Activity Description	Date/Time	Cht #	Rate bbl/min	Volume bbl		Pressure psig		Comments
				Stage	Total	Tubing	Casing	
Displ Reached Cmmt	04/08/2013 00:04							DISPLACEMENT REACHED CEMENT WITH 47 BBLS GONE.
Slow Rate	04/08/2013 00:10		3	110			850.0	SLOWED RATE TO 3 BPM TO BUMP PLUG
Bump Plug	04/08/2013 00:20		3	126			1400.0	BUMPED PLUG @ 1400PSI + 500 PSI OVER. 2300 PSI.
Check Floats	04/08/2013 00:23							CHECKED FLOATS. 1 BBLS BACK.
Other	04/08/2013 00:25							OPEN 2ND STAGE TOOL FOR 3RD STAGE RIG CIRCULATE FOR 2 HRS PER CM
End Job	04/08/2013 00:47							ENDED JOB
Start Job	04/08/2013 03:48							START 2ND STAGE
Pump Spacer	04/08/2013 03:48		3	10			105.0	PUMP 10BBLS FW SPACER
Pump 2nd Stage Lead Slurry	04/08/2013 03:56		5	58			161.0	LEAD CMT 58BBLS MIXED AT 11.6PPG
Shutdown	04/08/2013 04:02							
Drop Plug	04/08/2013 04:03							DROP PLUG
Pump Displacement	04/08/2013 04:06		3.5	30			70.0	30BBLS FW
Bump Plug	04/08/2013 04:15		3	30			300.0	BUMP PLUG AT 300 PSI TOOK 1500PSI OVER TOOK TO 2000PSI
Check Floats	04/08/2013 04:18							FLOATS HELD .5BBLS BACK
End Job	04/08/2013 04:20							
Pre-Rig Down Safety Meeting	04/08/2013 04:40							DISCUSSED PINCH POINTS, SAFETY HAZARDS, AND JOB ASSIGNMENTS.
Rig-Down Equipment	04/08/2013 05:00							BEGAN RIGGING DOWN.
Rig-Down Completed	04/08/2013 06:00							FINISHED RIGGING DOWN EQUIPMENT.
Depart Location Safety Meeting	04/08/2013 06:20							DISCUSSED ROUTE, TRAFFIC, AND SAFETY CONCERNS.

Sold To #: 305021

Ship To #: 2988196

Quote #:

Sales Order #: 900332483

HALLIBURTON

Cementing Job Log

Activity Description	Date/Time	Cnt #	Rate bbl/min	Volume bbl		Pressure psig		Comments
				Stage	Total	Tubing	Casing	
Depart Location for Service Center or Other Site	04/08/2013 06:30							CONTACTED JOURNEY MANAGMENT.
Other	04/08/2013 07:00							THANK YOU FOR CHOOSING HALLIBURTON.

Sold To # : 305021

Ship To # : 2988196

Quote # :

Sales Order # : 900332483

QUANTITY : 73 0070 M : 1 H : 00 0010 00 00 00

RECEIVED

MAY 9 2013

HALLIBURTON

Cementing Job Summary


REGULATORY DEPT
SANDRIDGE ENERGY
The Road to Excellence Starts with Safety

Sold To #: 305021		Ship To #: 2988196		Quote #:		Sales Order #: 900416326							
Customer: SANDRIDGE ENERGY INC EBUSINESS				Customer Rep:									
Well Name: Renee 2230			Well #: 1-2 RE			API/UWI #:							
Field:		City (SAP): GARDEN CITY		County/Parish: Finney			State: Kansas						
Legal Description: Section 1 Township 25N Range 6W													
Contractor: WORKOVER				Rig/Platform Name/Num:									
Job Purpose: Recement Service													
Well Type: Development Well				Job Type: Recement Service									
Sales Person: GUSTKE, GREGORY				Srvc Supervisor: WILTSHIRE, MERSHEK			MBU ID Emp #: 195811						
Job Personnel													
HES Emp Name		Exp Hrs	Emp #	HES Emp Name		Exp Hrs	Emp #	HES Emp Name		Exp Hrs	Emp #		
HEIDT, JAMES Nicholas		10	517102	WILTSHIRE, MERSHEK TonJe		10	195811						
Equipment													
HES Unit #	Distance-1 way		HES Unit #	Distance-1 way		HES Unit #	Distance-1 way		HES Unit #	Distance-1 way			
Job Hours													
Date	On Location Hours		Operating Hours	Date	On Location Hours		Operating Hours	Date	On Location Hours		Operating Hours		
TOTAL											<i>Total is the sum of each column separately</i>		
Job						Job Times							
Formation Name						Date		Time		Time Zone			
Formation Depth (MD) Top			Bottom			Called Out		03 - May - 2013		17:00 CST			
Form Type			BHST			On Location		03 - May - 2013		21:30 CST			
Job depth MD		650. ft	Job Depth TVD			Job Started		04 - May - 2013		04:58 CST			
Water Depth			Wk Ht Above Floor			Job Completed		04 - May - 2013		06:07 CST			
Perforation Depth (MD) From			To			Departed Loc		04 - May - 2013		07:30 CST			
Well Data													
Description	New / Used	Max pressure psig	Size in	ID in	Weight lbm/ft	Thread		Grade	Top MD ft	Bottom MD ft	Top TVD ft	Bottom TVD ft	
Tools and Accessories													
Type	Size	Qty	Make	Depth	Type	Size	Qty	Make	Depth	Type	Size	Qty	Make
Guide Shoe					Packer					Top Plug			
Float Shoe					Bridge Plug					Bottom Plug			
Float Collar					Retainer					SSR plug set			
Insert Float										Plug Container			
Stage Tool										Centralizers			
Miscellaneous Materials													
Gelling Agt		Conc		Surfactant		Conc		Acid Type		Qty	Conc	%	
Treatment Fld		Conc		Inhibitor		Conc		Sand Type		Size	Qty		
Fluid Data													
Stage/Plug #: 1													
Fluid #	Stage Type		Fluid Name			Qty	Qty uom	Mixing Density lbm/gal	Yield ft ³ /sk	Mix Fluid Gal/sk	Rate bbl/min	Total Mix Fluid Gal/sk	

Stage/Plug #: 1

HALLIBURTON

Cementing Job Summary

Stage/Plug #: 1									
Fluid #	Stage Type	Fluid Name	Qty	Qty uom	Mixing Density lbm/gal	Yield ft ³ /sk	Mix Fluid Gal/sk	Rate bbl/min	Total Mix Fluid Gal/sk
1	Fresh Water		10.00	bbl	.	.0	.0	.0	
2	Cement	CMT - PREMIUM CEMENT (100003687)	200.0	sacks	14.9	1.31	6.27	8.0	6.27
	94 lbm	CMT - PREMIUM - CLASS H REG OR TYPE V, BULK (100003687)							
	6.271 Gal	FRESH WATER							
Calculated Values		Pressures			Volumes				
Displacement		Shut In: Instant		Lost Returns		Cement Slurry		Pad	
Top Of Cement		5 Min		Cement Returns		Actual Displacement		Treatment	
Frac Gradient		15 Min		Spacers		Load and Breakdown		Total Job	
Rates									
Circulating		Mixing		Displacement		Avg. Job			
Cement Left In Pipe	Amount	0 ft	Reason	Shoe Joint					
Frac Ring # 1 @	ID	Frac ring # 2 @	ID	Frac Ring # 3 @	ID	Frac Ring # 4 @	ID		
The Information Stated Herein Is Correct				Customer Representative Signature 					

The Road to Excellence Starts with Safety

Sold To #: 305021	Ship To #: 2988196	Quote #:	Sales Order #: 900416326
Customer: SANDRIDGE ENERGY INC EBUSINESS		Customer Rep:	
Well Name: Renee 2230	Well #: 1-2 RE	API/UWI #:	
Field:	City (SAP): GARDEN CITY	County/Parish: Finney	State: Kansas
Legal Description: Section 1 Township 25N Range 6W			
Lat: N 0 deg. OR N 0 deg. 0 min. 0 secs.		Long: E 0 deg. OR E 0 deg. 0 min. 0 secs.	
Contractor: WORKOVER		Rig/Platform Name/Num:	
Job Purpose: Recement Service			Ticket Amount:
Well Type: Development Well		Job Type: Recement Service	
Sales Person: GUSTKE, GREGORY		Srvc Supervisor: WILTSHIRE, MERSHEK	MBU ID Emp #: 195811

Activity Description	Date/Time	Cht #	Rate bbl/min	Volume bbl		Pressure psig		Comments
				Stage	Total	Tubing	Casing	
Call Out	05/03/2013 17:00							
Arrive At Loc	05/03/2013 21:30							
Test Lines	05/04/2013 04:09					2500.0		
Start Job	05/04/2013 04:58							RETAINER @ 679 FT /// PREF @ 700 FT
Pressure Up Annulus	05/04/2013 05:03		2	0.5		600.0		
Injection Test	05/04/2013 05:09		2	10		256.0		RIG WATER
Pump Cement	05/04/2013 05:25		2	47		271.0		200 SKS PREMIUM H @ 14.9#
Other	05/04/2013 05:48		2		47	460.0		END CEMENT
Clean Lines	05/04/2013 05:50							
Pump Displacement	05/04/2013 05:56		1.5	3		100.0		RIG WATER
Other	05/04/2013 05:58		2.5	2.5		300.0		END DISPLACEMENT
Release Tool	05/04/2013 05:59							STING OUT OF RETAINER
Reverse Circ Well	05/04/2013 06:01		2	10		235.0		RIG WATER
Other	05/04/2013 06:36		2	10		190.0		END REVERSE CIRC WELL
End Job	05/04/2013 06:37							LEFT 3/4 BBLS ON TOP OF RETAINER



P.O. BOX 3660
HOUMA, LA 70361-3660

Customer : SAN400

BILL TO : SANDRIDGE ENERGY
123 ROBERT S KERR AVENUE
OKLAHOMA CITY, OK 73102-6406
PHONE: (405) 753-5500 FAX: ()

Division : 0701
Delivery Ticket : 4671
Delivery Date : 3/29/2013
Office : 12/1/1901

Ordered By :
Lease/Well : **RENEE 2230 1-2 RE**
Rig Name/Number : TOMCAT 3
AFE Number :
Site Contact :
:
:
:

Qty	Description	Min / Standby / Usage Charge	Add Day	Unit Price	Start Date / Stop Date	Extended Line Total
1	RENEE 2230 1-2 RE	\$8,000.00	\$0.00	\$8,000.00	3/22/2013 3/22/2013	\$8,000.00
60	DRILLED 20" RATHOLE HOLE (PER FOOT)	\$0.00	\$0.00	\$0.00	3/22/2013 3/22/2013	
60	16" CONDUCTOR PIPE (.250 WALL)	\$0.00	\$0.00	\$0.00	3/22/2013 3/22/2013	
1	MOBILIZATION OF EQUIPMENT & ROAD PERMITTING FEE	\$0.00	\$0.00	\$0.00	3/22/2013 3/22/2013	
Sub Total:		\$8,000.00	\$0.00			\$8,000.00

Print Name

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
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

July 12, 2013

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

Re: ACO1
API 15-055-21774-00-01
Renee 2230 1-2
SW/4 Sec.02-22S-30W
Finney 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,
wanda ledbetter