

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: _____



1257861

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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Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Wrigley 1-11 SWD
Doc ID	1257861

Tops

Name	Top	Datum
Base Heebner	3483	
Tonkawa	3815	
Cottage Grove	4110	
Oswego	4434	
Miss Lime	4750	
Kinderhook	5152	
Woodford	5215	
Viola	5242	
Simpson	5296	
Simpson Shale	5494	
Oil Creek	5470	
Arbuckle	5480	
Granite	6700	



Current

Spud Date 5/25/2012

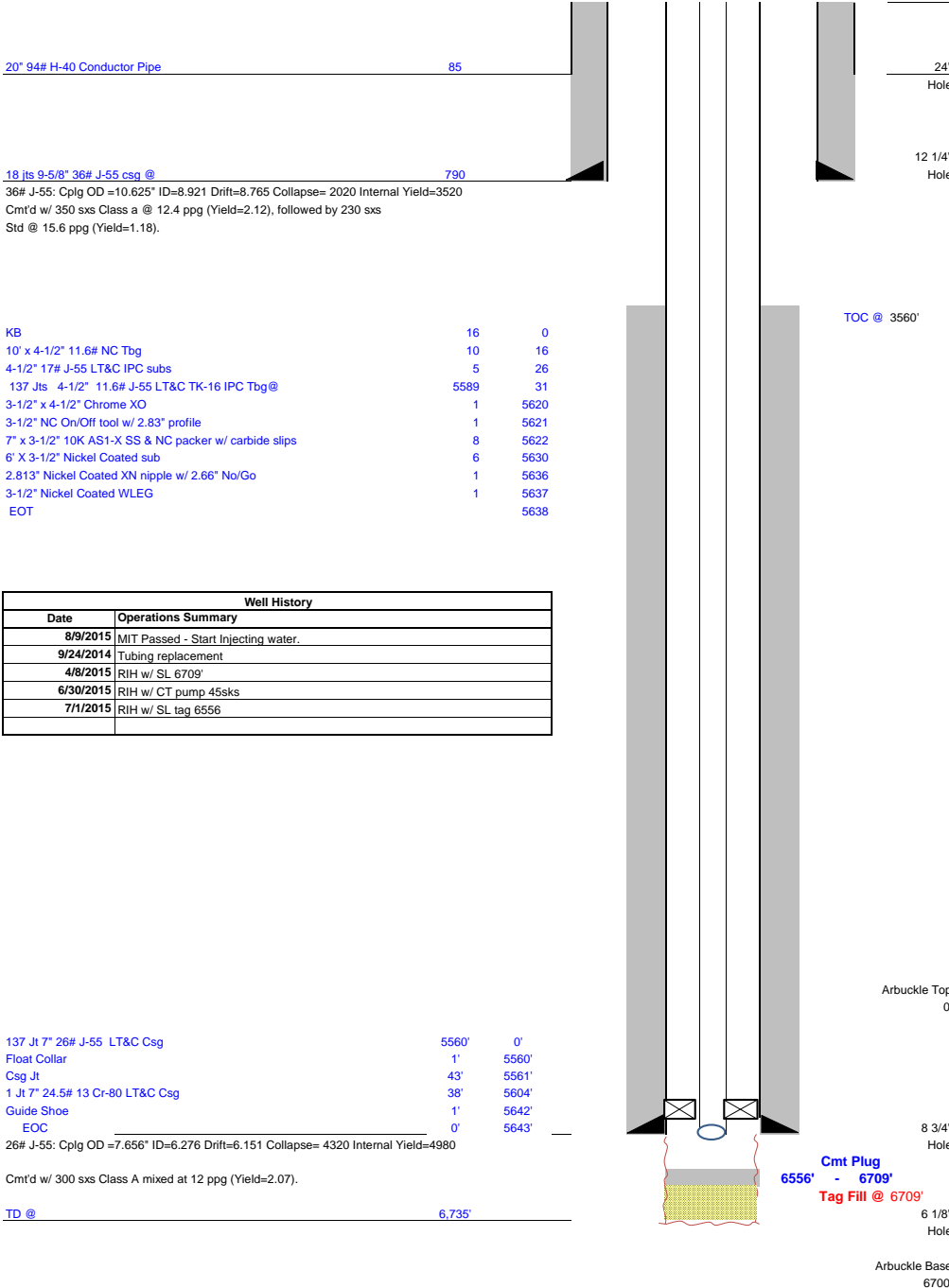
Field Stranathan
 County Harper
 State KS
 Well **WRIGLEY 1-11 SWD**
 SH Location SEC 11, TWP 35S, RNG 8W
 Elevations 1235' KB; 1219' GL

Wellbore Schematic

15-077-21849
 API No.

Original Completion ()	
Current	X
Workover	
Proposed	

Well Bore Data MD TVD



MD	TVD
85	
790	
16	0
10	16
5	26
5589	31
1	5620
1	5621
8	5622
6	5630
1	5636
1	5637
	5638

Well History	
Date	Operations Summary
8/9/2015	MIT Passed - Start Injecting water.
9/24/2014	Tubing replacement
4/8/2015	RIH w/ SL 6709'
6/30/2015	RIH w/ CT pump 45sks
7/1/2015	RIH w/ SL tag 6556

137 Jt 7" 26# J-55 LT&C Csg	5560'	0'
Float Collar	1'	5560'
Csg Jt	43'	5561'
1 Jt 7" 24.5# 13 Cr-80 LT&C Csg	38'	5604'
Guide Shoe	1'	5642'
EOC	0'	5643'
26# J-55: Cplg OD =7.656" ID=6.276 Drift=6.151 Collapse= 4320 Internal Yield=4980		
Cmt'd w/ 300 sxs Class A mixed at 12 ppg (Yield=2.07).		
<u>TD @</u>	6,735'	

Cmt Plug 6556' - 6709'
Tag Fill @ 6709'



Daily Operations WRIGLEY 1-11 SWD

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

Report Date: 7/2/2015, Report # 3, DFS: 1,133.21

Corporate ID 121021	API No. 15077218490000	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 35	Twnshp N/S Dir S	Range 8	Range E/W Dir W	Section 11	Section Suf	Field Name WALDRON			

Daily Operations

Report Start Date 7/1/2015 05:00	Report End Date 7/2/2015 05:00
-------------------------------------	-----------------------------------

Operations at Report Time
WSI

Operations Summary
MIRU SLU. Tag TOC w/ SL @ 6556' KB. 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)	Iadc Code	Category	Dpth Start (ftKB)	Dpth End (ftKB)	Description
05:00	08:00	3.00	3.00					WSI
08:00	09:00	1.00	4.00					HSM JSA, MIRU Asher SL, RU 1 5/8" SB tool, RIH and tag TOC @ 6556' KB, POOH. KCC rep - Steve Van Gieson TOC tag - 6556' KB
09:00	05:00	20.00	24.00					TOTP

Summary of Changes

Lease Name and Number: Wrigley 1-11 SWD

API/Permit #: 15-077-21849-00-00

Doc ID: 1257861

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	07/17/2012	07/14/2015
Cementing Purpose Plug Back TD	No	Yes
CementingDepth1_PDF	-	6556-6709
CementingDepthBase1		6709
CementingDepthTop1		6556
Completion Or Recompletion Date	6/6/2012	7/13/2015
Fracturing Question 1		No
LocationInfoLink	https://solar.kgs.ku.edu/ kcc/detail/locationInform ation.cfm?section=11&t	https://kolar.kgs.ku.edu/ kcc/detail/locationInform ation.cfm?section=11&t
Number Of Sacks Used for Cementing / Squeezing- Line 1 Plug Back Total Depth		300 6556

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1083489	../../../../kcc/detail/operatorEditDetail.cfm?docID=1257861
Type Of Cement Used for Cementing / Squeezing - Line 1		Class A

Summary of Attachments

Lease Name and Number: Wrigley 1-11 SWD

API: 15-077-21849-00-00

Doc ID: 1257861

Correction Number: 1

Attachment Name

Wellbore Diagram



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) (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	Wrigley 1-11 SWD
Doc ID	1083489

Tops

Name	Top	Datum
Base Heebner	3483	
Tonkawa	3815	
Cottage Grove	4110	
Oswego	4434	
Miss Lime	4750	
Kinderhook	5152	
Woodford	5215	
Viola	5242	
Simpson	5296	
Simpson Shale	5494	
Oil Creek	5470	
Arbuckle	5480	
Granite	6700	

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

July 10, 2012

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

Re: ACO1
API 15-077-21849-00-00
Wrigley 1-11 SWD
NE/4 Sec.11-35S-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.

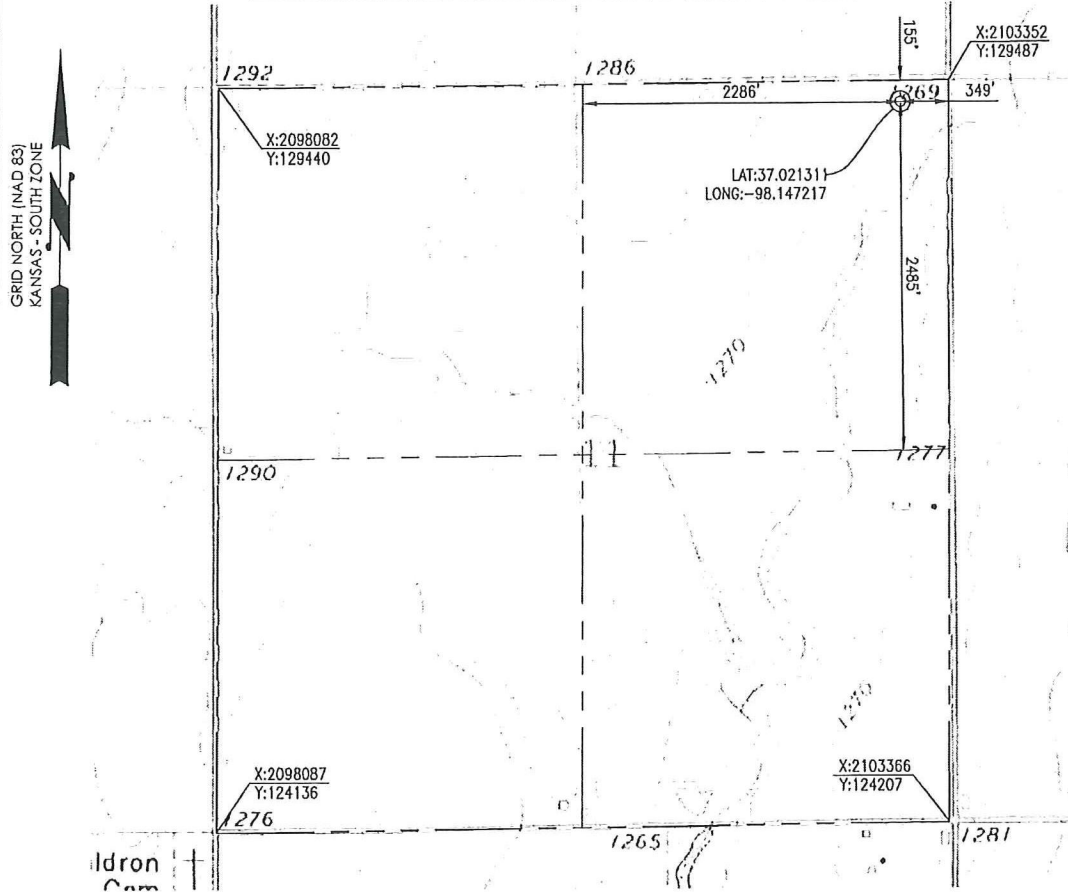
Respectfully,
Tiffany Golay



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

HARPER COUNTY, KANSAS

155' FNL- 349' FEL SECTION 11 TOWNSHIP 35S RANGE 08W 6TH P.M.



ELEVATION:
 1271' GR. AT STAKE

OPERATOR: SANDRIDGE ENERGY, INC.

WELL NO: #1-11 SWD

LEASE NAME: WRIGLEY

TOPOGRAPHIC & VEGETATION: LOCATION FELL IN A FIELD

GOOD DRILL SITE: YES REFERENCE STAKES OR ALTERNATE LOCATION STAKES SET: NONE

BEST ACCESSIBILITY TO LOCATION: EAST LINE

DISTANCE & DIRECTION FROM HWY JCT OR TOWN: FROM WALDRON, KS, TRAVEL SOUTH ON MAIN ST/ORIENT ST TO THE STATE LINE, TURN LEFT (EAST) ON E0010 RD AND TRAVEL ±2.0 MILES, TURN LEFT (NORTH) ON SW 60 AVE AND TRAVEL ±1.5 MILES TO THE NE CORNER OF SECTION 11, T35S-R08W.

(THE FOLLOWING INFORMATION WAS GATHERED USING A GPS RECEIVER ACCURACY ±2-3 METERS)

GPS DATUM: NAD-27	STATE PLANE COORDINATES: ZONE: KS-SOUTH
LAT: 37.021311	X: 2103003.478
LONG: -98.147217	Y: 129328.533

SURVEYOR'S CERTIFICATE:

DATE STAKED: 11-29-2011

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.

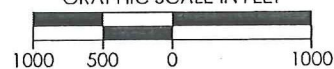
GENERAL NOTES:

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.



11/30/2011

GRAPHIC SCALE IN FEET



REVISION	SandRidge		
	"WRIGLEY #1-11 SWD" PART OF THE NE1/4 OF SECTION 11, T-35-S, R-08-W PROPOSED DRILL SITE HARPER COUNTY, KANSAS		
	SCALE: 1" = 1000'	DRAWN BY: S.ANDER	SHEET NO.: 2 OF 3
	PLOT DATE: 11-30-2011		

Mid-Continent Conductor, LLC

P.O. Box 1570
Woodward, OK 73802

Phone: (580)254-5400
Fax: (580)254-3242

Invoice

Date	Invoice #
5/22/2012	1332

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
Bobby Jopling	Net 45	5/22/2012	Wrigley 1-11 SWD, Harper Cnty, KS	Tomcat 2

Item	Quantity	Description	
Conductor Hole	88	Drilled 88 ft. conductor hole.	
20" Pipe	88	Furnished 88 ft. of 20 inch conductor pipe.	
Rat & Mouse Holes	1	Drilled 35 ft. rat hole and 20 ft. mouse hole.	
Rat Hole Shuck	1	Furnished rat hole shuck.	
16" Pipe	20	Furnished 20 ft. of 16 inch mouse hole pipe.	
Cellar Hole	1	Drilled 6x6 cellar hole.	
6' X 6' Tinhorn	1	Furnished and set 6x6 tinhorn.	
Mud and Water	1	Furnished mud and water.	
Mud, Water, & Trucking	1	Transport mud and water to location.	
Grout & Trucking	9	Furnished 9 yards of grout and trucking to location.	
Grout Pump	1	Furnished grout pump.	
Welder & Materials	1	Furnished welder and materials.	
Dirt Removal	1	Labor & Equip. for dirt removal.	
Cover Plate	1	Furnished cover plates.	
Permits	1	Permits	
		Subtotal	\$16,916.00
		Sales Tax (0.0%)	\$0.00
		Total	\$16,916.00

JOB SUMMARY			PROJECT NUMBER SOK1501	TICKET DATE 05/25/12
COUNTY HARPER	State KANSAS	COMPANY Bridge Exploration & Produc	CUSTOMER REP MARTIN	
LEASE NAME WRIGLEY SWD	Well No. 1-11	JOB TYPE Surface	EMPLOYEE NAME MATT WILSON	

EMP NAME Matt Wilson	David Thomas				
Jayson Pierce					
Arthur Setzar					
Thomas Walker					

Form. Name _____ Type: _____

Packer Type _____ Set At **0**

Bottom Hole Temp. **80** Pressure _____

Retainer Depth _____ Total Depth **800'**

Date	Called Out 5/25/2012	On Location 5/25/2012	Job Started 5/25/2012	Job Completed 5/25/2012
Time	9:00 am	2:30 pm	6:30 pm	8:00 pm

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	36#	9 5/8"		Surface	790	1,500
Liner						
Liner						
Tubing		0				
Drill Pipe						
Open Hole		12 1/4"		Surface	790	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.		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 _____

Hours On Location

Date	Hours	Date	Hours	Description of Job
5/25		5/25	4.0	Surface
Total	0.0	Total	4.0	

Pressures

MAX	1,500 PSI	AVG.	150
Average Rates in BPM			
MAX	6 BPM	AVG	6
Cement Left in Pipe			
Feet	44	Reason	SHOE JOINT

Cement Data

Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	200	O-TEX Lite Standard	(6% Gel) 2% Calcium Chloride - 1/4pps Cello-Flake - .5% C-41P	10.88	1.84	12.70
2	180	Standard	2% Calcium Chloride - 1/4pps Cello-Flake	5.20	1.18	15.60
3	100	Standard	2% Calcium Chloride on side to use if necessary	5.20	1.18	15.60

Summary

Preflush	_____	Type:	_____	Preflush:	BBI	10.00	Type:	Fresh Water
Breakdown	_____	MAXIMUM	1,500 PSI	Load & Bkdn:	Gal - BBI	N/A	Pad:Bbl -Gal	N/A
	_____	Lost Returns-n	NO/FULL	Excess /Return	BBI	28	Calc.Disp Bbl	58
	_____	Actual TOC	SURFACE	Calc. TOC:	_____	SURFACE	Actual Disp.	58.00
Average	_____	Bump Plug PSI:	_____	Final Circ.	PSI:	400	Disp:Bbl	_____
ISIP	5 Min. _____	10 Min. _____	15 Min. _____	Cement Slurry:	BBI	104.0		
				Total Volume	BBI	172.00		

CUSTOMER REPRESENTATIVE *Matt Wilson* SIGNATURE _____

JOB SUMMARY			PROJECT NUMBER SOK1514	TICKET DATE 06/02/12
COUNTY HARPER	State KANSAS	COMPANY Sandridge Exploration & Production	CUSTOMER REP MARTIN	
LEASE NAME WRIGLEY SWD	Well No. 1-11	JOB TYPE Intermediate	EMPLOYEE NAME Larry Kirchner Jr.	

EMP NAME							
Larry Kirchner Jr.		0					
John Hall							
Robert Stonehocker							
Wallace Berry							

Form. Name _____ Type: _____
 Packer Type _____ Set At _____ 0
 Bottom Hole Temp. **155** Pressure _____
 Retainer Depth _____ Total Depth **5,650'**

Date	Called Out	On Location	Job Started	Job Completed
	6/1/2012	6/2/2012	6/2/2012	6/2/2012
Time	7:30PM	1:30AM	5:44AM	8:00AM

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	26#	7"		Surface	5,645'	5,000
Liner							
Liner							
Tubing			0				
Drill Pipe							
Open Hole			8 3/4"		Surface	5,650'	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.		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	
6/2		6/2	2.0	Intermediate
Total	0.0	Total	2.0	

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

Pressures	
MAX 5,000 PSI	AVG. 400
Average Rates In BPM	
MAX 8 BPM	AVG 4
Cement Left in Pipe	
Feet 80	Reason SHOE JOINT

Cement Data		Additives		W/Rq.	Yield	Lbs/Gal
Stage 1	Sacks 170	Cement 50/50 POZ PREMIUM	4% Gel - 0.4% C-12 - 0.1% C-37 - 0.5% C-41P - 2 lb/sk Phenoseal	6.77	1.44	13.60
Stage 2	Sacks 190	Cement Premium	2% C.C. - 0.4% C-12 - 0.1% C-37	5.20	1.18	15.60
Stage 3	Sacks 0	Cement 0		0	0.00	0.00

Summary			
Preflush Breakdown	10	Type: Caustic	Preflush: BBI 30.00
		MAXIMUM 5,000 PSI	Load & Bkdn: Gal - BBI N/A
		Lost Returns - NO/FULL	Excess /Return BBI N/A
		Actual TOC	Calc. TOC: 3,490'
Average	Bump Plug PSI:	Final Circ. PSI: 1,000	Actual Disp. 114.50
ISIP 5 Min.	10 Min.	Cement Slurry: BBI 84.0	Disp: Bbl
	15 Min.	Total Volume BBI 228.50	

CUSTOMER REPRESENTATIVE _____ SIGNATURE _____