



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Confidentiality Requested:

Yes No

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-
Sec. _____ Twp. _____ S. R. _____ East West

_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-
Feet from North / South Line of Section

_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-
Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1161279

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	Pamela 2330 1-34 RE
Doc ID	1161279

All Electric Logs Run

Array Compensated True Resistivity
Compensated Spectral Natural Gamma Log
Micro Log
Dual Spaced Neutron Density
CBL

Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Pamela 2330 1-34 RE
Doc ID	1161279

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
2	4856 - 4864	CIBP w/2sks cement on top	4920
2	4834 - 4840	CIBP /w s sks cement on top	4590
2	4723 - 4727	CIBP w/ sks cement on top	4370
2	4701 - 4705		
2	4680 - 4684		
2	4644 - 4648		
2	4613 - 4616		
2	5005 - 5013	Frac	
2	4981 - 4988		
2	4963 - 4966		

Summary of Changes

Lease Name and Number: Pamela 2330 1-34 RE

API/Permit #: 15-055-21942-00-01

Doc ID: 1161279

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Additional Type And Percent Additive		60/40 poz
Additional Type And Percent Additive		60/40 poz
Approved Date	07/19/2013	10/04/2013
Cementing Purpose Plug Off Zone	No	Yes
CementingDepth1_PDF	-	1000-2057
CementingDepth2_PDF	-	0-958
CementingDepthBase1		2057
CementingDepthBase2		958
CementingDepthTop1		1000
CementingDepthTop2		0

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Number Of Sacks Used for Cementing / Squeezing- Line 1		100
Number Of Sacks Used for Cementing / Squeezing- Line 2		100
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1151846	../../../../kcc/detail/operatorEditDetail.cfm?docID=1161279
Type Of Cement Used for Cementing / Squeezing - Line 1		60/40
Type Of Cement Used for Cementing / Squeezing - Line 2		60/40
Well Type	OIL	DH



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:	
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Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Pamela 2330 1-34 RE
Doc ID	1151846

All Electric Logs Run

Array Compensated True Resistivity
Compensated Spectral Natural Gamma Log
Micro Log
Dual Spaced Neutron Density
CBL

Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Pamela 2330 1-34 RE
Doc ID	1151846

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
2	4856 - 4864	See Attachments	
2	4834 - 4840		
2	4723 - 4727		
2	4701 - 4705		
2	4680 - 4684		
2	4644 - 4648		
2	4613 - 4616		
2	5005 - 5013	Frac	
2	4981 - 4988		
2	4963 - 4966		

RECEIVED

HALLIBURTON

APR 26 2013

Cementing Job Summary

The Road to Excellence Starts with Safety

Sold To #: 305021	Ship To #: 2991268	Quote #:	Sales Order #: 900365586
Customer: SANDRIDGE ENERGY INC EBUSINESS		Customer Rep: ., Roland	
Well Name: Pamela 2330	Well #: 1-34 RE	API/UWI #: 15-055-21942	
Field:	City (SAP): GARDEN CITY	County/Parish: Finney	State: Kansas
Legal Description: Section 34 Township 23S Range 30W			
Contractor: Tomcat		Rig/Platform Name/Num: 3	
Job Purpose: Cement Production Casing			
Well Type: Development Well		Job Type: Cement Production Casing	
Sales Person: FRENCH, JEREMY		Srvc Supervisor: AGUILERA, FABIAN	MBU ID Emp #: 442123

Job Personnel

HES Emp Name	Exp Hrs	Emp #	HES Emp Name	Exp Hrs	Emp #	HES Emp Name	Exp Hrs	Emp #
AGUILERA, FABIAN J	12	442123	HEIDT, JAMES Nicholas	12	517102	MENDOZA, VICTOR	12	442596
WILTSHIRE, MERSHEK TonJe	7	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			Total is the sum of each column separately					

Job

Job Times

Formation Name	Formation Depth (MD) Top	Bottom	Called Out	Date	Time	Time Zone
Form Type	BHST		On Location	19 - Apr - 2013	06:30	CST
Job depth MD	5439. ft	Job Depth TVD	Job Started	19 - Apr - 2013	12:46	CST
Water Depth		Wk Ht Above Floor	Job Completed	19 - Apr - 2013	17:18	CST
Perforation Depth (MD) From		To	Departed Loc	19 - Apr - 2013	20:00	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
8.75" Open Hole				8.75				346.	5200.		
5.5" Production Casing	Unknown		5.5	4.892	17.	LTC	L-80	.	5200.		
8.625" Surface Casing	Unknown		8.625	7.921	32.	Unknown		.	346.		

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	Rig Supplied Gel Spacer		30.00	bbl	8.5	.0	.0	.0	
2	Lead Cement	ECONOCEM (TM) SYSTEM (452992)	600.0	sacks	12.	2.23	12.37		12.37
	3 %	CAL-SEAL 60, 50 LB BAG (101217146)							
	6 %	BENTONITE, BULK (100003682)							
	0.1 %	WG-17, 50 LB SK (100003623)							
	0.3 %	HALAD(R)-9, 50 LB (100001617)							
	12.371 Gal	FRESH WATER							
3	Tail Cement	ECONOCEM (TM) SYSTEM (452992)	350.0	sacks	13.6	1.5	6.76		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		125.00	bbl	8.33	.0	.0	.0	
5	Second Stage Lead Cement	ECONOCEM (TM) SYSTEM (452992)	275.0	sacks	12.	2.23	12.37		12.37
	3 %	CAL-SEAL 60, 50 LB BAG (101217146)							
	6 %	BENTONITE, BULK (100003682)							
	0.1 %	WG-17, 50 LB SK (100003623)							
	0.3 %	HALAD(R)-9, 50 LB (100001617)							
	12.371 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	42 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 #: 2991268	Quote #:	Sales Order #: 900365586
Customer: SANDRIDGE ENERGY INC EBUSINESS		Customer Rep: ., Roland	
Well Name: Pamela 2330		Well #: 1-34 RE	API/UWI #: 15-055-21942
Field:	City (SAP): GARDEN CITY	County/Parish: Finney	State: Kansas
Legal Description: Section 34 Township 23S Range 30W			
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: FRENCH, JEREMY		Srvc Supervisor: AGUILERA, FABIAN	MBU ID Emp #: 442123

Activity Description	Date/Time	Cht #	Rate bbl/min	Volume bbl		Pressure psig		Comments
				Stage	Total	Tubing	Casing	
Call Out	04/18/2013 23:00							CREW CALLED OUT FOR SAMSON LONESTAR, DAVIS 64 SL-6H, 9 5/8 MULTI-STAGE SURFACE
Pre-Convoy Safety Meeting	04/19/2013 04:00							DISCUSSED ALL POTENTIAL ROAD HAZARDS WITH HES CREW
Crew Leave Yard	04/19/2013 04:30							CALL IN JOURNEY MANAGEMENT, IN ROUTE TO SAMSON LONESTAR, DAVIS 64L- 6H
Arrive At Loc	04/19/2013 06:30							ARRIVE AT LOCATION
Assessment Of Location Safety Meeting	04/19/2013 06:45							ASSESSED THE LOCATION, SPOT IN EQUIPMENT, WATER TESTED GOOD, GOT WITH CM AND WENT OVER JOB DEPTH AND NUMBERS, CM USING 3RD PARTY DV TOOL FOR JOB ALSO, AT THIS TIME CASING CREW IS RUNNING CASING DOWNHOLE, HAVE RETURNS
Pre-Rig Up Safety Meeting	04/19/2013 06:50							DISCUSSED ALL POTENTIAL HAZARDS AND PINCH POINTS WITH HES CREW

		#	Stage	Total	Tubing	Casing	
Drop Top Plug	04/19/2013 14:15						DROP 3RD PARTY (WEATHERFORD) DART PLUG
Pump Displacement	04/19/2013 14:16		6	125		100.0	PUMP DISPLACEMENT OF 125 BBL OF FW
Slow Rate	04/19/2013 14:19		3		20	-50.0	SLOW RATE TO 3 BPM FOR 3RD PARTY PLUG TO PASS THROUGH DV TOOL AT 20 BBL GONE, NEED 30 BBL FOR PLUG TO PASS THROUGH DV TOOL
Resume	04/19/2013 14:20		6		35	20.0	RESUME UP TO 5 BPM TO FINISH DISPLACEMENT
Displ Reached Cmnt	04/19/2013 14:25		6		40	220.0	DISPLACEMENT REACH CEMENT AT 40 BBL AT 220 PSI
Slow Rate	04/19/2013 14:35		3		115	1215.0	SLOW RATE TO 3 BPM WITH 115 BBL GONE TO BUMP PLUG
Bump Plug	04/19/2013 14:43		3		125	1400.0	BUMP PLUG AT 1400 PSI
Check Floats	04/19/2013 14:44					1910.0	FLOATS HELD GOOD, RELEASE PRESSURE AND GOT BACK 1 BBL
Other	04/19/2013 15:00						AT THIS TIME 3RD PARTY TOOL SPECIALIST WILL DROP OPENING TOOL PER CM REQUESTS, WAIT 10 MINUTES FOR TOOL TO DROP AND THEN RESUME TO PRESSURE UP ON TOOL TO OPEN DV TOOL
Resume	04/19/2013 15:08						RESUME TO PUMP ON OPENING TOOL TO OPEN DV TOOL AT ? PSI WITH ? BBL GONE, CM REQUESTED AFTER DV TOOL IS OPEN TO CIRCULATE FOR 2 1/2 HOURS BEFORE PUMPING 2ND STAGE JOB
Pump Cement	04/19/2013 16:35		5	109		197.0	PUMP CEMENT = 275 SKS = 109 BBL @ 12#

Activity Description	Date/Time	Cht #	Rate bbl/min	Volume bbl		Pressure psig		Comments
				Stage	Total	Tubing	Casing	
Drop Plug	04/19/2013 16:58		5		109		240.0	DROP 3RD PARTY (WEATHFORD) CLOSING TOP PLUG // End Cement
Pump Displacement	04/19/2013 17:01		4	30			90.0	PUMP DISPLACEMENT 30 BBL OF (FW)
Displ Reached Cmnt	04/19/2013 17:05		4	14			168.0	
Slow Rate	04/19/2013 17:08		2		20		200.0	SLOW RATE 3 BPM WITH 20 BBL GONE
Bump Plug	04/19/2013 17:14		2		30		2335.0	Close MSC /// 330 PSI Before Landing Plug
Check Floats	04/19/2013 17:17							FLOATS HELD GOOD, RELEASE PRESSURE AND GOT BACK 1/2 BBL
End Job	04/19/2013 17:18							



Weatherford[®]

Fracturing Post Job Report

Sandridge Energy

**Pamela 2330 1-34RE
Sec 34-23 S-30W
Finney County, Ks**

Prepared For: Mr. Kevin Thompson

Prepared By: Austin Orgain, Field Engineer
Weatherford Fracturing Technologies



June 12, 2013

Mr. Kevin Thompson,
Sandridge Energy

Mr. Kevin Thompson,

Enclosed is a comprehensive fracturing post job report for the Pamela 2330 1-34 RE. The fracturing treatments were performed 6/10/11 – 6/11/13. Included in the report are the real time data information which incorporates treatment plots, location QA/QC and laboratory analysis. The treatments were pumped with the following data recorded below.

Stg #	PAD		Slurry		Prop	Press	Rate	FG	Flush	
	gal	bbls	gal	bbl	#s	psi	bpm		gal	bbl
1	6,720	160	2,394	57	1,477	2,793	20	0.62	1,512	36
2	12,726	303	27,636	658	46,843	2,397	20	0.65	1,134	27
Total	19,446	463	30,030	715	48,320				2,646	63

Weatherford Fracturing Technologies appreciates the opportunity to provide stimulation services on this well. Please contact me if you have any questions or comments.

Sincerely,
C. R. Williams
District Engineer III
Weatherford Fracturing Technologies
Office 580-256-2608
Cell 580-222-8931
E-mail charles.williams@weatherford.com

Section I

TREATMENT REPORTS





Fracturing Technologies

Weatherford[®] Fracturing Technologies

TREATMENT REPORT - STAGE 1

Operator Sandridge Energy	Total Pump Time 19 min.	Service Order No.:	Date: June 10, 2013
		Purchase Order No.:	Page: 1

Well Name Pamela	Well No. 2330 1-34 RE	Formation Pennsylvanian	EQUIPMENT ON LOCATION (UNIT NUMBERS)		
County Finney	State Ks	Location Sec 34-23S-30W	Operators Max Pressure, psi 5800	32132/T98010	32293/T14199
BHT	BHP	Hole Angle	WB Fluid	31863/T94016	31988
				31647/T94035	33766/T43089
				32834/TR1023	31987/T92415
				33001/TR1150	32354/TR7115
				32907/TR1026	

Customer Representative Charlie Burns	Phone Number 405-614-0113	SERVICE CREW		
Service Location Woodward, OK	Phone Number 580-256-2608	Fax Number 580-256-1487	V.McLellan	H.McCray
WFT Service Supervisor Issaac Chepus	WFT Field Supervisor Kelly Hedrick	WFT Field Engineer Ruyle, Brandon	C.Anderson	C.Alexander
Phone: (580) 216-7028	Phone: (580) 216-4379	Phone: (405) 641-9890	J.Njua	P.Kabikau
			L.Peter	G.Lonebear
				J.Bamberg

CASING & TUBULAR DATA							PERFORATION DATA							
Tubular	Size	Wt	Grade	Top	Bottom	Capacities	Perf Zone	Top, MD	Bottom, MD	Top, TVD	Bottom, TVD	SPF	Perfs	Size
Casing	2(7/8)	6.5	J-55	4701'	4727'	27								

FLUID DESCRIPTION			PROPPANT DESCRIPTION		
Fluids	Description	Volumes	Proppant name and size	Amount	
Stage		373 bbls	White 20/40	1477 lbs	
Acid		0 bbls	White 16/30	0 lbs	
Fluid in Tanks		bbls			
Load Hole		bbls			
Fluid Efficiency Test		bbls			
Pad		160 bbls			
Sand Laden		57 bbls			
Flush		36 bbls			

FLUID ADDITIVES			ACID ADDITIVES		
WFT Name	Volume	Units	WFT Name	Volume	Units
WGA-15L	123	gal			
BIO Clear	9	gal			
WCS-631	43	gal			
WNE-363	17	gal			
WBK-133	0	lb			
WXL-105L	0	gal			

BALL OUT DATA					
Number of Balls	Volume in Stage	Slurry Rate	Balls dropped per bbl	Balls dropped per minute	Balls dropped per second

Proposed Treatment:

TREATMENT SUMMARY			
Fluid to Recover:	373 bbls	Average Rate:	19.8 bpm
Total Proppant:	1477 lbs	Maximum Rate:	20.5 bpm
Volume required to load hole:		Rate on Pad:	20.0 bpm
		Rate on Sand:	20.0 bpm
Fluid left in tanks:	full	Rate on Flush:	20.0 bpm
Flush Density:	8.34 lb/gal	Average HHP:	1355
Final FG:	0.62 psi/ft	Breakdown Pressure:	914 psi
Final ISIP:	874 psi		
5 Min:	626 psi		
10 Min:	595 psi		
15 Min:	574 psi		



TREATMENT REPORT - STAGE 1

Page: 2

Time	STP psi	Annulus Pressure psi	Slurry Rate bpm	Stage Fluid Pumped bbls	Total Fluid Pumped bbls	Proppant Conc. PPG	Comments
8:09 PM	6890	0	0	0	0	0	PSI TEST
8:22 PM	71	67	0	0	0	0	Open well
8:26 PM	2826	78	20	119	119	0	Aquavis 20G pad
8:30 PM	2718	534	20	24	143	0.5	0.50 ppg 20/40 white
8:34 PM	2689	544	20	119	262	0	Aquavis 20G sweep
8:39 PM	2659	687	20	24	286	0.5	0.50 ppg 20/40 white
8:42 PM	2630	687	20	87	373	0	Flush on companyman request due to communication with the annulus
8:41 PM	675	682	0	0	373		Shutdown

Remarks:



Fracturing Technologies

Weatherford Fracturing Technologies TREATMENT REPORT - STAGE 2

Operator Sandridge Energy	Total Pump Time 61 min.	Service Order No.:	Date: June 11, 2013
		Purchase Order No.:	Page: 1

Well Name Pamela	Well No. 2330 1-34 RE	Formation Pennsylvanian	EQUIPMENT ON LOCATION (UNIT NUMBERS)		
County Finney	State Ks	Location Sec 34-23S-30W	Operators Max Pressure, psi 5800	32132/T98010	32293/T14199
BHT	BHP	Hole Angle	WB Fluid	31863/T94016	31988
				31647/T94035	33766/T43089
				32834/TR1023	31987/T92415
				33001/TR1150	32354/TR7115
				32907/TR1026	

Customer Representative Charlie Burns	Phone Number 405-614-0113	SERVICE CREW		
Service Location Woodward, OK	Phone Number 580-256-2608	Fax Number 580-256-1487	V.McIellan	H.McCray
WFT Service Supervisor Issaac Chopus	WFT Field Supervisor Kelly Hedrick	WFT Field Engineer Ruylo, Brandon	C.Anderson	C.Alexander
Phone: (580) 216-7028	Phone: (580) 216-4379	Phone: (405) 641-9890	J.Njua	P.Kabikau
			L.Peter	G.Lonebear
				J.Bamberg

CASING & TUBULAR DATA							PERFORATION DATA							
Tubular	Size	Wt	Grade	Top	Bottom	Capacities	Perf Zone	Top, MD	Bottom, MD	Top, TVD	Bottom, TVD	SPF	Perfs	Size
Casing	2(7/8)	6.5	J-55	4701'	4727'	27								

FLUID DESCRIPTION				PROPPANT DESCRIPTION			
Fluids	Description	Volumes		Proppant name and size	Amount		
Stage		1108 bbls		White 20/40	36943 lbs		
Acid		0 bbls		White 16/30	9900 lbs		
Fluid in Tanks		bbls					
Load Hole		bbls					
Fluid Efficiency Test		bbls					
Pad		303 bbls					
Sand Laden		658 bbls					
Flush		27 bbls					

FLUID ADDITIVES				ACID ADDITIVES			
WFT Name	Volume	Units		WFT Name	Volume	Units	
WGA-15L	236	gl		WBP-584	45	gl	
BIO Clear	9	gl		WBK-134	20	lbs	
WCS-631	85	gl					
WNE-363	43	gl					
WBK-133	25	lb					
WXL-105L	23	gl					

BALL OUT DATA					
Number of Balls	Volume in Stage	Slurry Rate	Balls dropped per bbl	Balls dropped per minute	Balls dropped per second

Proposed Treatment:

TREATMENT SUMMARY			
Fluid to Recover:	1108 bbls	Average Rate:	20.0 bpm
Total Proppant:	46834 lbs	Maximum Rate:	20.4 bpm
Volume required to load hole:		Rate on Pad:	20.0 bpm
		Rate on Sand:	20.0 bpm
Fluid left in tanks:	half full	Rate on Flush:	20.0 bpm
Flush Density:	8.34 lb/gal	Average HHP:	1175
Final FG:	0.65 psi/ft	Breakdown Pressure:	3656 psi
Final ISIP:	1021 psi		
5 Min:	740 psi		
10 Min:	696 psi		
15 Min:	667 psi		



TREATMENT REPORT - STAGE 2

Page: 2

Time	STP psi	Annulus Pressure psi	Slurry Rate bpm	Stage Fluid Pumped bbls	Total Fluid Pumped bbls	Proppant Conc. Ppg	Comments
11:23 AM	6780	715	0	0	0	0.00	PSI TEST
12:27 PM	80	593	0	0	0	0.00	Open well
12:30 PM	2843	432	20	119	119	0.00	Aquavis 20G pad
12:35 PM	2590	342	20	24	143	0.50	0.50 ppg 20/40 white
12:37 PM	2560	331	20	119	262	0.00	Aquavis 20G sweep
12:42 PM	2502	224	20	60	322	1.00	1.00 ppg 20/40 white
12:45 PM	2470	176	20	179	501	0.00	Aquavis 20G sweep
12:55 PM	2283	106	20	238	739	1.00	Crosslink 1.00 ppg 20/40 white
1:07 PM	2147	47	20	184	923	2.00	Crosslink 2.00 ppg 20/40 white
1:17 PM	2218	52	20	159	1082	2.00	Crosslink 2.00 ppg 16/40 white
1:27 PM	3310	47	20	27	1109	0.00	Aquavis 20G flush
1:28 PM	824	47	0	0	1109	0.00	Shutdown



Fracturing Technologies

Weatherford		Fracturing Technologies		Customer:	Sandridge Energy	
Weatherford		Fracturing Technologies		Well Name:	Pamela 2330 1-34RE	
Weatherford		Fracturing Technologies		Date(s):	6/10/2013	
Product ID	Units	Location Inventory Prior to Job	Location Inventory After Prime Up	Location Inventory Post Job	Total Product Used	Product Down Hole
TOTAL JOB QUANTITY USED						
WGA-15L					359	359
BIO Clear					17	17
WCS-631					128	128
WNE-363					60	60
WBK-133					40	40
WXL-105L					23	23
WBP-584					45	45
WBK-134					20	20
0					0	0
0					0	0
Premium 20/40					38420	38420
Premium 16/30					9900	9900
0					0	0
FRESHWATER	BBL				1482	

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 18, 2013

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

Re: ACO1
API 15-055-21942-00-01
Pamela 2330 1-34 RE
NW/4 Sec.34-23S-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