



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: _____



1256037

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Jill SWD 3406 2-8
Doc ID	1256037

Tops

Name	Top	Datum
Base Heebner	3270	-1962
Tonkawa	3664	-2336
Cottage Grove	3902	-2594
Oswego Limestone	4225	-2917
Cherokee Group	4350	-3042
Mississippi Unconformity	4574	-3267
Mississippi	4600	-3292
Kinderhook	4950	-3642
Woodford	5014	-3706
Viola Limestone/Dolomite	5044	-3736
Simpson	5065	-3842
Arbuckle	5246	-3938



Current

Spud Date 5/5/2013

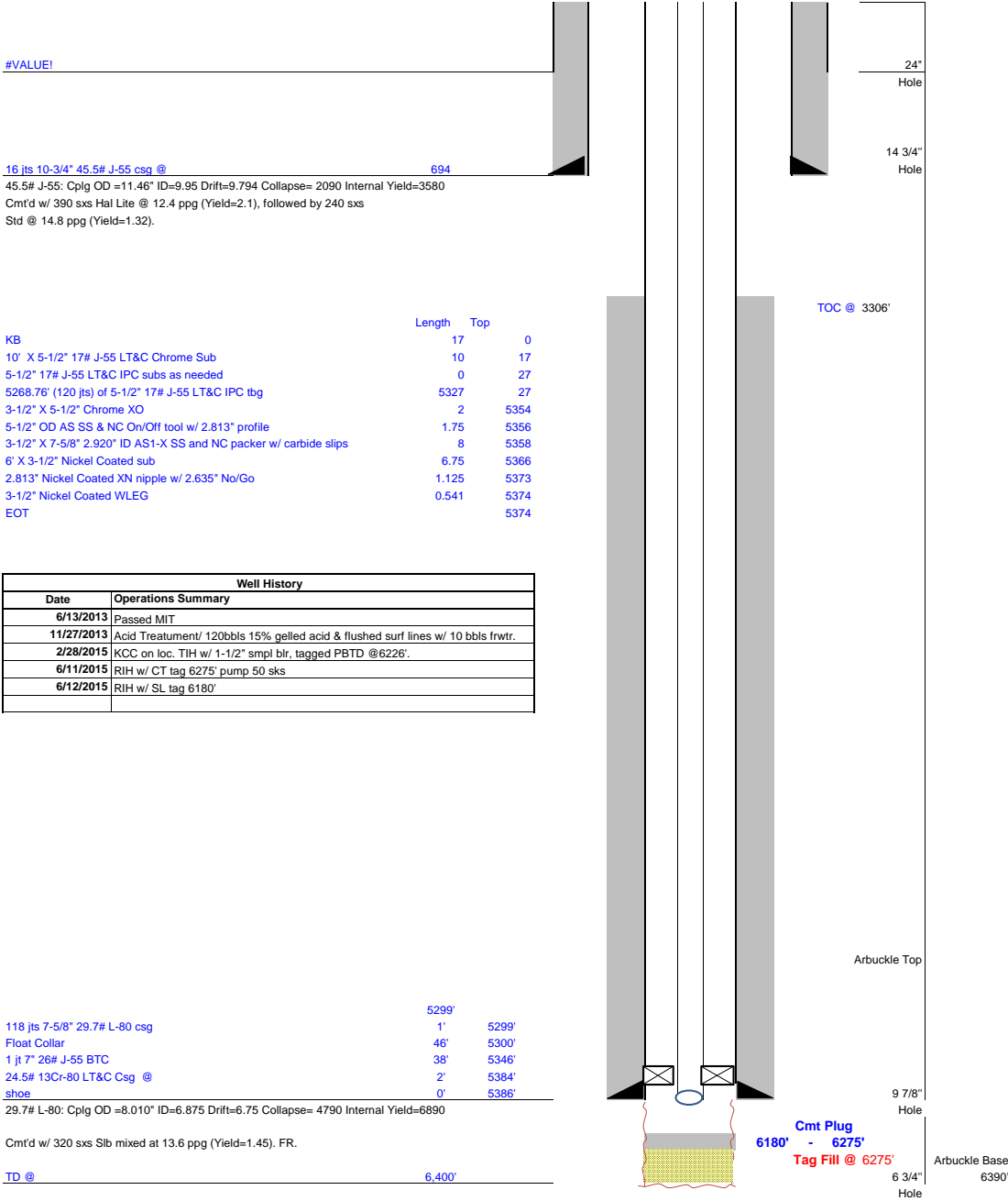
Field Eastham
 County Harper
 State KS
 Well **JILL SWD 3406 2-8**
 SH Location SEC 8, TWP 34S, RNG 6W
 Elevations 1304' KB; 1288' GL

Wellbore Schematic

15-077-21926
 API No.

Original Completion ()	
Current	X
Workover	
Proposed	

Well Bore Data MD TVD



#VALUE!

16 jts 10-3/4" 45.5# J-55 csg @ 694
 45.5# J-55; Cplg OD =11.46" ID=9.95 Drift=9.794 Collapse= 2090 Internal Yield=3580
 Cmt'd w/ 390 sxs Hal Lite @ 12.4 ppg (Yield=2.1), followed by 240 sxs
 Std @ 14.8 ppg (Yield=1.32).

	Length	Top
KB	17	0
10' X 5-1/2" 17# J-55 LT&C Chrome Sub	10	17
5-1/2" 17# J-55 LT&C IPC subs as needed	0	27
5268.76' (120 jts) of 5-1/2" 17# J-55 LT&C IPC tbg	5327	27
3-1/2" X 5-1/2" Chrome XO	2	5354
5-1/2" OD AS SS & NC On/Off tool w/ 2.813" profile	1.75	5356
3-1/2" X 7-5/8" 2.920" ID AS1-X SS and NC packer w/ carbide slips	8	5358
6" X 3-1/2" Nickel Coated sub	6.75	5366
2.813" Nickel Coated XN nipple w/ 2.635" No/Go	1.125	5373
3-1/2" Nickel Coated WLEG	0.541	5374
EOT		5374

Well History	
Date	Operations Summary
6/13/2013	Passed MIT
11/27/2013	Acid Treatment/ 120bbis 15% gelled acid & flushed surf lines w/ 10 bbis frwr.
2/28/2015	KCC on loc. TIH w/ 1-1/2" smpl blr, tagged PBTD @6226'.
6/11/2015	RIH w/ CT tag 6275' pump 50 sxs
6/12/2015	RIH w/ SL tag 6180'

118 jts 7-5/8" 29.7# L-80 csg	5299'	1'	5299'
Float Collar	46'	5300'	
1 jt 7" 26# J-55 BTC	38'	5346'	
24.5# 13Cr-80 LT&C Csg @ shoe	2'	5384'	
	0'	5386'	
29.7# L-80; Cplg OD =8.010" ID=6.875 Drift=6.75 Collapse= 4790 Internal Yield=6890			
Cmt'd w/ 320 sxs Slb mixed at 13.6 ppg (Yield=1.45). FR.			
TD @	6,400'		



Daily Operations

JILL SWD 3406 2-8

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

Report Date: 6/13/2015, Report # 4, DFS: 768.29

Corporate ID 123688	API No. 15077219260000	Operated? Yes	Operator SANDRIDGE EXPLORATION AND PRODUCTION LLC				Current Well Status SERVICE	Working Int (%) 72.738400	
Well Type DEVELOPMENT	Well Config SWD	Dual Completion? No	Division MIDCON	Subdivision DEVELOPMENT	State KS	County/Parish HARPER	District	Well Sub-Status SWD	NRI (%) .000000
Township 34	Twnshp N/S Dir S	Range 6	Range E/W Dir W	Section 8	Section Suf	Field Name WILDCAT			

Daily Operations

Report Start Date 6/12/2015 05:00	Report End Date 6/13/2015 05:00
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Operations at Report Time
WSI

Operations Summary
RIH & tag cmt w/ SL @ 6180' KB w/ KCC rep (Ken Scolfield) witness. POOH. 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	09:00	4.00	4.00					WSI
09:00	10:00	1.00	5.00					HSM JSA, MIRU SLU, RIH & tag cmt @ 6180' KB w/ Ken Scolfield (KCC) rep as witness, POOH, RDMO SLU. KCC witness- Ken Scolfield Tag cmt - 6180' KB
10:00	05:00	19.00	24.00					TOTP

Summary of Changes

Lease Name and Number: Jill SWD 3406 2-8

API/Permit #: 15-077-21926-00-00

Doc ID: 1256037

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	08/26/2013	06/25/2015
CasingAdd_Type_PctPDF_1		NA
CasingPurposeOfStringPDF_1	conductor	Conductor
CasingPurposeOfStringPDF_2	surface	Surface
Cementing Purpose Plug Back TD	No	Yes
CementingDepth1_PDF	-	6180-6275
CementingDepthBase1		6275
CementingDepthTop1		6180
Contractor License Number	34668	35089
Contractor Name	LaMunyon Drilling, LLC	International Petroleum Services LLC

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Fracturing Question 1		No
LocationInfoLink	https://solar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=8&to	https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=8&to
Number Of Sacks Used for Cementing / Squeezing- Line 1		320
Operator's Contact Name	Wanda Ledbetter	Tiffany Golay
Operator's Phone	429-5500	429-6543
Plug Back Total Depth		6180
Production Interval #1	5386 - 6400	5386 - 6180
Save Link	../..kcc/detail/operatorEditDetail.cfm?docID=1155591	../..kcc/detail/operatorEditDetail.cfm?docID=1256037
Type Of Cement Used for Cementing / Squeezing - Line 1		Slb

Summary of Attachments

Lease Name and Number: Jill SWD 3406 2-8

API: 15-077-21926-00-00

Doc ID: 1256037

Correction Number: 1

Attachment Name

WBD



CONFIDENTIAL

WELL COMPLETION FORM

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

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

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

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

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

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

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

Spot Description: _____

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

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

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

County: _____ Permit #: _____

AFFIDAVIT

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

Submitted Electronically

KCC Office Use ONLY

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

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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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	Jill SWD 3406 2-8
Doc ID	1155591

Tops

Name	Top	Datum
Base Heebner	3270	-1962
Tonkawa	3664	-2336
Cottage Grove	3902	-2594
Oswego Limestone	4225	-2917
Cherokee Group	4350	-3042
Mississippi Unconformity	4574	-3267
Mississippi	4600	-3292
Kinderhook	4950	-3642
Woodford	5014	-3706
Viola Limestone/Dolomite	5044	-3736
Simpson	5065	-3842
Arbuckle	5246	-3938

Mid-Continent Conductor, LLC

Invoice

Date	Invoice #
4/24/2013	1853

P.O. Box 1570
Woodward, OK 73802
Phone: (580)254-5400
Fax: (580)254-3242

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
Carl Miller	Net 45	4/24/2013	Jill SWD 3406 2-8H, Harper Cnty, KS	LaMunyon 1

Item	Quantity	Description	
Conductor Hole	90	Drilled 90 ft. conductor hole	
20" Pipe	90	Furnished 90 ft. of 20 inch conductor pipe	
Rat & Mouse Holes	1	Drilled rat and mouse holes	
Rat Hole Shuck	1	Furnished rat hole shuck	
16" Pipe	20	Furnished 20 ft. of 16 inch mouse hole pipe	
Cellar Hole	1	Drilled 6' X 6' cellar hole	
6' X 6' Tinhorn	1	Furnished and set 6' X 6' tinhorn	
Mud and Water	1	Furnished mud and water	
Transport Truck - Conductor	1	Transport mud and water to location	
Grout & Trucking	10	Furnished grout and trucking to location	
Grout Pump	1	Furnished grout pump	
Transport Truck - Conductor	1	Furnished transport truck and water to displace cement down center of conductor	
Fence Panels	4	Furnished safety netting around conductor holes	
Welder & Materials	1	Furnished welder and materials	
Dirt Removal	1	Furnished labor and equipment for dirt removal	
Cover Plate	1	Furnished cover plates	
Permits	1	Permits	
			Subtotal \$15,400.00
			Sales Tax (0.0%) \$0.00
			Total \$15,400.00



Service Order for i-District Job 978255

Customer Name: SANDRIDGE ENERGY INC. - FOR ELECTRONIC INVOICING O	Person Taking Call:	Location: El Reno, OK WS	Order Date: 02-May-13 11:41	Job Number: 978255		
Service Order Number:	Service Line: Cementing El Reno	Supervisor:	Legal Location:			
Well Name and Number: JILL SWD -3406-, 2-8	Pad/Platform:	Field:	County: HARPER	State/Prov: KS		
Well Master Number: 0631462674	API/UWI: 15077219260000	Rig Name: LAMUNYON DRLG LLC #1	Well Age:	Sales Engineer: Meshall Thomas		
Job Type: Cementing El Reno – Surface	Time Well Ready:	Deviation: 0 deg	Hole Size: 12.25 in	Well MD: 700 ft		
Well TVD: 700 ft	BHP:	BHST:	BHCT:	Treat Down: Casing		
Packer Type:	Packer Depth:	Min/Max Densities: Lead: 11.9/12.9 ppg Tail: 14.3/15.3 ppg	HHP on Location:	Max Allowed Pressure: 3000 psi		
Max Allowed Ann Pressure:		Job Stage Description: 10 3/4" Surface	FTL Ticket/Quote Number : CDL7-00195			
Casing/Tubing						
String Type	Depth	Size	Weight	Grade	Thread	
Casing	700 ft	10.75 in	45.5 lb/ft	J-55	BTC	
Service Instructions: Provide equipment, materials, services and personnel to safely cement 10 3/4" surface casing per customer request. Pump 10 bbl water, 390 sks 35:65 Poz:C @ 12.4 ppg, 240 sks Class C @ 14.8, drop top plug and displace per customer specifications.						
Client Contact						
Name	Voice	Fax	Email	Title	Company	Notes
Bill/Paul	281-436-6503					
Notes: TOC: Surface -- volumes based on 12.25" OH + 150% XS Equipment: 10 3/4" Hm and QC (BRD and BTC), top and bottom plugs (rubber and wooden top), water hoses, air hoses (contingency), mud hoses (contingency), washup hoses (contingency), D110, D047, 1 pump, 2 ABTs GET FIELD TICKET STAMPED.						
Directions: From Medford Okla go west on Hwy 11 16.5 miles turn north on Hwy 132 to Kansas go north on Hwy 179 7.0 miles turn east on SE-40 rd 2.9 miles turn south into loc						

Materials			
Name	Description	Quantity	Density
Lead Slurry	390 sks 35:65 Poz:C + adds	783.90 ft3	12.40 lb/gal
Tail Slurry	240 sks Class C + adds	316.80 ft3	14.80 lb/gal

Fluid Systems:

Lead Slurry				
390 sks 35:65 Poz:C + adds				
<i>Sacks Of:</i>	Blend		<i>Total Blend/Cem:</i>	33,930.00 lb
<i>Sack Weight:</i>	87.00 lb		<i>Sacks Blend/Cem:</i>	390.00 sks
<i>Yield:</i>	2.01 ft ³ /sk		<i>Final Fluid Density:</i>	12.40 lb/gal
<i>Mix Water:</i>	11.12 gal/sk		<i>Base Fluid Den:</i>	
Code	Conc	Design	Total	Load out with excess
D903	61.100 lb/sk	WTSK	23,829.00 lb	23,829.00 lb
D035	25.900 lb/sk	WTSK	10,101.00 lb	10,101.00 lb
D020	6.000 %	BWOB	2,035.80 lb	2,035.80 lb
S001	2.000 %	BWOB	678.60 lb	678.60 lb
D130	0.125 lb/sk	WTSK	48.75 lb	48.75 lb

Tail Slurry				
240 sks Class C + adds				
<i>Sacks Of:</i>	Cement		<i>Total Blend/Cem:</i>	22,560.00 lb
<i>Sack Weight:</i>	94.00 lb		<i>Sacks Blend/Cem:</i>	240.00 sks
<i>Yield:</i>	1.32 ft ³ /sk		<i>Final Fluid Density:</i>	14.80 lb/gal
<i>Mix Water:</i>	6.29 gal/sk		<i>Base Fluid Den:</i>	
Code	Conc	Design	Total	Load out with excess
D903	94.000 lb/sk	WTSK	22,560.00 lb	22,560.00 lb
D130	0.125 lb/sk	WTSK	30.00 lb	30.00 lb



Service Order for i-District Job 978398

Customer Name: SANDRIDGE ENERGY INC. - FOR ELECTRONIC INVOICING O		Person Taking Call:		Location: El Reno, OK WS		Order Date: 02-May-13 14:19		Job Number: 978398	
Service Order Number:		Service Line: Cementing El Reno		Supervisor:		Legal Location:			
Well Name and Number: JILL SWD -3406-, 2-8		Pad/Platform:		Field:		County: HARPER		State/Prov: KS	
Well Master Number: 0631462674		API/UWI: 15077219260000		Rig Name: LAMUNYON DRLG LLC #1		Well Age:		Sales Engineer:	
Job Type: Cementing El Reno – Intermediate		Time Well Ready:		Deviation:		Hole Size: 9.875 in		Well MD: 5386 ft	
Well TVD: 5386 ft		BHP:		BHST: 141 °F		BHCT: 126 °F		Treat Down: Casing	
Packer Type:		Packer Depth:		Min and Max Densities: Lead: 13.1-14.1 ppg Tail: 15.1-16.1 ppg		HHP on Location:		Max Allowed Pressure:	
Max Allowed Ann Pressure:				Job Stage Description: 7 5/8" intermediate		FTL Ticket/Quote Number :			
Casing/Tubing						Service Instructions: Provide equipment, materials, services and personnel to safely cement 7 5/8" casing per customer request. Pump 30 bbl gelled spacer, 250 sks 50:50 Poz:H @ 13.6, 150 sks Class H tail @ 15.6, drop top plug and displace per client specifications.			
String Type	Depth	Size	Weight	Grade	Thread				
Casing	5386 ft	7.625 in	29.7 lb/ft		LTC				
Client Contact									
Name	Voice	Fax	Email	Title	Company	Notes			
Bill and Paul	281-436-6503								
Notes: TOC: 3306'-- volumes based on 9 7/8" OH + 40% xs Equipment: 7 5/8" HM and QC (8RD and BTC), top and bottom plugs, B306 for gelled spacer, D110, D047, washup hoses (contingency), mud hoses (contingency), water hoses, air hoses. 1 pump, 2 ABTs GET FIELD TICKET STAMPED IF APPLICABLE.									
Directions: From Medford Okla go west on Hwy 11 16.5 miles turn north on Hwy 132 to Kansas go north on Hwy 179 7.0 miles turn east on SE-40 rd 2.9 miles turn north into loc									

Materials			
Name	Description	Quantity	Density
LEAD SLURRY	320 SKS 50:50 POZ:H + ADDS	464.00 ft3	13.60 lb/gal
TAIL SLURRY	150 SKS CLASS H + ADDS	178.50 ft3	15.60 lb/gal

Fluid Systems:

LEAD SLURRY				
320 SKS 50:50 POZ:H + ADDS				
<i>Sacks Of:</i>	Cement		<i>Total Blend/Cem:</i>	26,880.00 lb
<i>Sack Weight:</i>	84.00 lb		<i>Sacks Blend/Cem:</i>	320.00 sks
<i>Yield:</i>	1.45 ft3/sk		<i>Final Fluid Density:</i>	13.60 lb/gal
<i>Mix Water:</i>	6.88 gal/sk		<i>Total Mix Water:</i>	8.33 m3
Code	Conc	Design	Total by design	Load out with excess
D020	4.000 %	BWOB	1,075.20 lb	1,075.20 lb
D112	0.600 %	BWOB	161.28 lb	161.28 lb
D065	0.100 %	BWOB	26.88 lb	26.88 lb
D042	2.000 lb/sk	WTSK	640.00 lb	640.00 lb
D079	0.200 %	BWOB	53.76 lb	53.76 lb
D013	0.100 %	BWOB	26.88 lb	26.88 lb

TAIL SLURRY				
150 SKS CLASS H + ADDS				
<i>Sacks Of:</i>	Cement		<i>Total Blend/Cem:</i>	14,100.00 lb
<i>Sack Weight:</i>	94.00 lb		<i>Sacks Blend/Cem:</i>	150.00 sks
<i>Yield:</i>	1.19 ft3/sk		<i>Final Fluid Density:</i>	15.60 lb/gal
<i>Mix Water:</i>	5.32 gal/sk		<i>Total Mix Water:</i>	3.02 m3
Code	Conc	Design	Total by design	Load out with excess
D013	0.090 %	BWOC	12.69 lb	12.69 lb

Resources				
Personnel	Equipment 1	Equipment 2	Assignment	Note
Dustin Green			12-May-13 13:00 - 13-May-13 01:00	
James Flick	2TRA27543	2CPF27456	12-May-13 13:00 - 13-May-13 01:00	
Tyler Carpenter		2CTF08160	12-May-13 13:00 - 13-May-13 01:00	
		2CTF16535 ABT#3	12-May-13 13:00 - 13-May-13 01:00	3rd party

TD Notice

May 15, 2013

Jill SWD 3406 2-8, 8-34S-6W, Harper County, KS

API#: 15077219260000

SHL: 410' FSL & 1602' FEL of E/4

SPUD: 5/5/2013

Casing Point: 5,386'

Driller TD @ 6,400' MD 5/15/2013

The field Geologist called the top of the Arbuckle at 5255' MD.

This is the 2nd SWD well drilled off the same pad, so no open hole logs or mud logs were run.

Datum 1,302' KB

To be completed in the Arbuckle Group for service as a SWD well.

Feel free to call with questions/comments.

Tammy Alcorn, Geologist

CASING MECHANICAL INTEGRITY TEST

Disposal Enhanced Recovery:

Repressuring
 Flood
 Tertiary

Date injection started _____
 API #15 - 077-21926-00-00

DOCKET # _____

SE SW SE, Sec 8, T 34 S, R 6 E W

410 Feet from South Section Line
1606 Feet from East Section Line

Lease Jill SWD 3406 Well # 2-8
 County Harper

Operator: SANDRIDGE EXPLORATION
 Name & Address 123 Robert S Kerr Ave
OKLAHOMA CITY, OK 73102-6406

Operator License # 34192
 Contact Person Wanda Lebetter
 Phone 405-429-6474

	Conductor	Surface	Production	Liner	Size	Tubing
Size	<u>20"</u>	<u>10 3/4"</u>	<u>7 1/2"</u>		<u>5.5</u>	
Set at	<u>90'</u>	<u>694'</u>	<u>5387'</u>		<u>5374'</u>	
Cement Top	<u>0</u>	<u>0</u>	<u>2616'</u>			Type <u>CERAMIC COATED NC</u>
" Bottom	<u>90'</u>	<u>694'</u>	<u>5387'</u>			
DV/Perf.		<u>6400</u>	TD (and plug back)			ft. depth
Packer type	<u>AS1-X-SS+NC</u>		Size <u>7 3/8" X 5.5"</u>		Set at <u>5374'</u>	
Zone of injection	<u>5387'</u>	ft. to ft. <u>6400</u>			Perf. or open hole <u>ARB</u>	

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

F I E L D D A T A
 Time: Start 0 Min. 15 Min. 30 Min.
 Pressures: 1000 1000 1000 Set up 1 System Pres. during test 0
 Set up 2 Annular Pres. during test 1000
 Set up 3 Fluid loss during test _____ bbls.
 Tested: Casing or Casing - Tubing Annulus
 The bottom of the tested zone is shut in with Packer

Test Date 6-13-13 Using ESS Pump Truck Company's Equipment
 The operator hereby certifies that the zone between _____ feet and _____ feet
 was the zone tested [Signature] SWD - foreman
 Signature Title

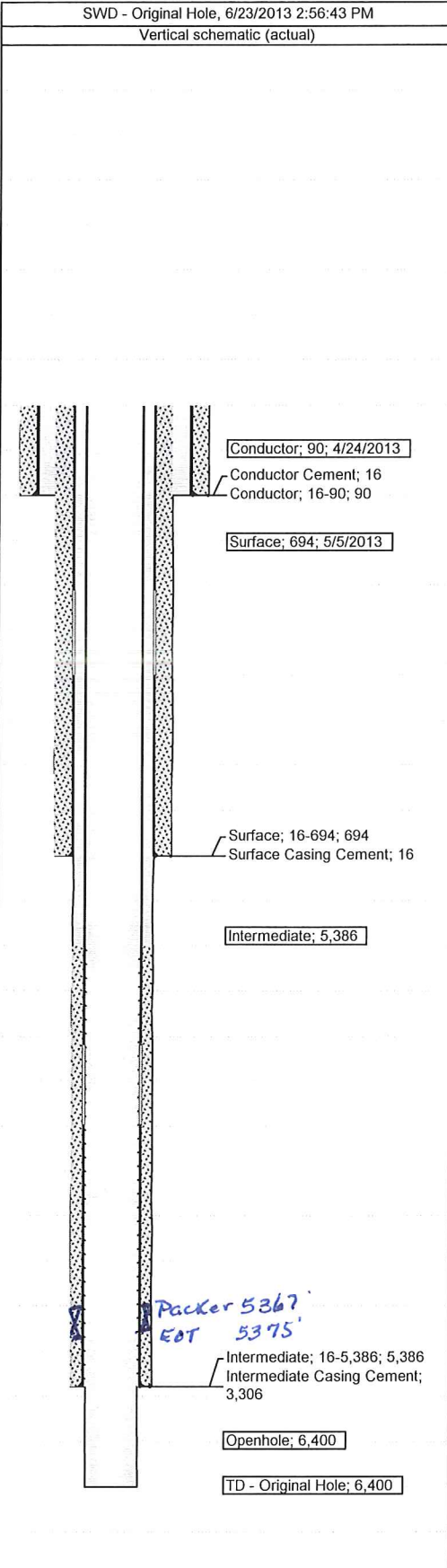
The results were Satisfactory , Marginal _____, Not Satisfactory _____
 State Agent [Signature] Title [Signature] Witness: Yes No _____
 REMARKS: New SWD - KCL + Packer Fluid on Backside



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

Wellbore Schematic

JILL SWD 3406 2-8



Wellbore Sections			
Section Des	Size (in)	Act Top (ftKB)	Act Btm (ftKB)
Conductor	24	16.0	90.0
Surface	14 3/4	90.0	694.0
Intermediate	9 7/8	694.0	5,386.0
Openhole	6 3/4	5,386.0	6,400.0

Casing										
Csg Desc	Jts	Item Des	OD (in)	Wt (lb/ft)	Grade	Top Thread	Len (ft)	Top (ftKB)	Btm (ftKB)	Com
Conductor	1	Casing-Joints	20	94.00	H-40		90.00	0.0	90.0	
Surface	15	Casing-Joints	10 3/4	45.50	J-55	Bultress...	652.45	-4.4	648.0	
Surface	1	Casing-Joints	10 3/4	45.50	J-55	Bultress...	43.56	649.4	693.0	
Surface	1	Shoe	10 3/4	45.50	K-55	Bultress...	1.00	693.0	694.0	
Intermediate	117	Casing-Joints	7 5/8	29.70	L-80	LT&C	5,303.20	-3.8	5,299.4	
Intermediate	1	Casing-Joints	7 5/8	29.70	L-80	LT&C	45.35	5,300.8	5,346.2	
Intermediate	1	Casing-Joints	7 5/8	26.40	13CR...	LT&C	38.26	5,346.2	5,384.4	
Intermediate	1	Shoe	7 5/8	29.70	K-55	LT&C	1.58	5,384.4	5,386.0	

Cement			
Des	Top (ftKB)	Btm (ftKB)	Com
Conductor Cement	16.0	90.0	
Surface Casing Cement	16.0	694.0	
Intermediate Casing Cement	3,306.3	5,386.0	

Tubing										
Des	Item Des	OD (in)	ID (in)	EUE Wt (lb/ft)	Grade	Jts	Top (ftKB)	Btm (ftKB)	Com	

Rod Components									
Jts	Item Description	OD (in)	Top Coupling	Grade	Guide Des	Len (ft)	Top (ftKB)	Btm (ftKB)	Comment

Perforations						
Date	Top (ftKB)	Btm (ftKB)	Zone Name	Shot Dens (shots/ft)	Current Status	Com

Stimulations & Treatments						
Date	Zone Name	Vol Slurry...	Total Fluid Type	Prop Type	Prop Pompe...	Frac Grad (psi...
Final ISIP (psi)	Avg Treat Pr...	Q Treat Avg...	Comment			

Plug Record					
Des	Run Date	Removal Date	Top (ftKB)	OD (in)	Com

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

August 24, 2013

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

Re: ACO1
API 15-077-21926-00-00
Jill SWD 3406 2-8
SE/4 Sec.08-34S-06W
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,
Wanda Ledbetter