Confidentiality Requested:

CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1159896

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

### WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No. 15				
Name:	Spot Description:				
Address 1:					
Address 2:	Feet from  North / South Line of Section				
City: State: Zip:+	Feet from East / West Line of Section				
Contact Person:	Footages Calculated from Nearest Outside Section Corner:				
Phone: ()					
CONTRACTOR: License #	GPS Location: Lat:, Long:				
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)				
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84				
Purchaser:	County:				
Designate Type of Completion:	Lease Name: Well #:				
New Well Re-Entry Workover	Field Name:				
	Producing Formation:				
	Elevation:       Ground:       Kelly Bushing:         Total Vertical Depth:       Plug Back Total Depth:				
Gas D&A ENHR SIGW					
OG GSW Temp. Abd. CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet				
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No				
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet				
Operator:	If Alternate II completion, cement circulated from:				
Well Name:	feet depth to:w/sx cmt.				
Original Comp. Date: Original Total Depth:					
Deepening Re-perf. Conv. to ENHR Conv. to SWD					
Plug Back       Conv. to GSW       Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)				
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls				
Dual Completion     Permit #:	Dewatering method used:				
SWD     Permit #:	Location of fluid disposal if hauled offsite:				
ENHR Permit #:					
GSW Permit #:	Operator Name:				
	Lease Name: License #:				
Spud Date or Date Reached TD Completion Date or	Quarter Sec Twp S. R East West				
Recompletion Date Recompletion Date	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 Approved by: Date:					

# 

1159896

Operator Name:	Lease Name:	Well #:		
Sec TwpS. 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 Taker (Attach Additional		Yes No		Log Formation (Top), Depth and Datum			Sample
Samples Sent to Geo		Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		CASING Report all strings set-c			on, 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 / SQU	JEEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and Pe	ercent Additives	
Protect Casing Plug Back TD							
Plug Off Zone							
Did you perform a hydraulic fracturing treatment on this well? Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000		ceed 350,000 gallons	Yes ?Yes		o questions 2 and o question 3)	3)	
Was the hydraulic fractu	ring treatment informatio	n submitted to the chemical o	disclosure registry?	Yes	No (If No, fill o	out Page Three of	the ACO-1)
Shots Per Foot		ON RECORD - Bridge Plug Footage of Each Interval Perf			cture, Shot, Cement mount and Kind of Mat		Depth

METHOD OF COMPLETION:

Packer At:

Pumping

Mcf

Perf.

Producing Method:

Flowing

Gas

Open Hole

Other (Specify)

Liner Run:

Gas Lift

Water

Dually Comp.

(Submit ACO-5)

No

Gas-Oil Ratio

PRODUCTION INTERVAL:

Gravity

Yes

Bbls.

Commingled

(Submit ACO-4)

Other (Explain)

TUBING RECORD:

Estimated Production

Per 24 Hours

Vented

Size:

Oil

Used on Lease

Date of First, Resumed Production, SWD or ENHR.

DISPOSITION OF GAS:

(If vented, Submit ACO-18.)

Sold

Set At:

Bbls.

Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Teresia 3509 1-16
Doc ID	1159896

Tops

Name	Тор	Datum
Base Heebner	3578	
Lansing	3915	
Cottage Grove	4200	
Oswego Limestone	4535	
Cherokee Group	4673	
Verdigris Limestone	4764	
Mississippi Unconformity	5036	
Kinderhook	5125	
Woodford	5209	

## Summary of Changes

Lease Name and Number: Teresia 3509 1-16 API/Permit #: 15-077-21797-00-00 Doc ID: 1159896 Correction Number: 1 Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
API	15-077-21797-01-00	15-077-21797-00-00



CONFIDENTIAL WELL COMPLETION FORM

1155171

Form ACO-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

## WELL COMPLETION FORM

WEL	DESCRIPTION	OF WELL &	LEASE
	DESCINI HON		

OPERATOR: License #		API No. 15		
Name:		Spot Description:		
Address 1:		Sec.	TwpS. R 🗌 Ea	st 🗌 West
Address 2:		F	eet from North / South Line	of Section
City: State: Z	Zip:+	F	eet from 🗌 East / 🗌 West Line	of Section
Contact Person:	·	Footages Calculated from	Nearest Outside Section Corner:	
Phone: ()			N SE SW	
CONTRACTOR: License #				
Name:		-	Well #:	
Wellsite Geologist:				
Purchaser:				
Designate Type of Completion:			Kelly Bushing:	
New Well Re-Entry	Workover		lug Back Total Depth:	
Oil       WSW       SWD         Gas       D&A       ENHR         OG       GSW         CM (Coal Bed Methane)       Cathodic         Other (Core, Expl., etc.):          If Workover/Re-entry:       Old Well Info as follows:	SIOW SIGW	Multiple Stage Cementing If yes, show depth set: If Alternate II completion, o	et and Cemented at: Collar Used?	Feet
Operator:				
Well Name:		Drilling Fluid Manageme		
Original Comp. Date: Original Ori	Total Depth:		<i>the Reserve Pit)</i> ppm Fluid volume:	
Plug Back: Pl	ug Back Total Depth	Location of fluid disposal it	f hauled offsite:	
Commingled Permit #:		Operator Name:		
			License #:	
		Quarter Sec.	TwpS. R 🗌 Ea	ast 🗌 West
			Permit #:	
GSW Permit #:		County	I ennu#	
Spud Date or Date Reached TD Recompletion Date	Completion Date or Recompletion Date			

#### 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:					

### KOLAR Document ID: 1155171

Operator Name:	Lease Name:	Well #:
Sec TwpS. R East 🗌 West	County:	

Page Two

**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		۱ []	⁄es 🗌 No		Log Formation (Top), Depth and Datum		d Datum	Sample		
(Attach Additional Sh					Nam	е			Тор	Datum
Samples Sent to Geolog Cores Taken Electric Log Run Geologist Report / Mud List All E. Logs Run:			∕es ∐No ∕es ∏No ∕es ∏No ∕es ∏No							
		Rep	CASING ort all strings set-o	RECORD [	Ne			c.		
Purpose of String	Size Hole Drilled		ze Casing et (In O.D.)	Weight Lbs. / Ft.		Settir Dept		Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING	/ SQL	JEEZE REG	CORD			
Purpose:     Depth      Perforate     Top Bottom      Protect Casing		Тур	e of Cement	# Sacks Use	Used Type a			Type and Pe	and Percent Additives	
Plug Back TD Plug Off Zone										
<ol> <li>Did you perform a hydra</li> <li>Does the volume of the</li> <li>Was the hydraulic fractular</li> </ol>	total base fluid of the	hydraulic fr	acturing treatment		-	ons?	res	No <i>(If No, ski</i> p	o questions 2 an o question 3) out Page Three (	
Date of first Production/Inj Injection:	ection or Resumed Pr	oduction/	Producing Meth	nod:		Gas Lift	Other (	Explain)		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er	Bbls.	G	as-Oil Ratio	Gravity
DISPOSITION			_						PRODUCTIC Top	ON INTERVAL: Bottom
Vented Sold	Used on Lease		Open Hole			Comp. ACO-5)	Comming (Submit AC			
	foration Perfor Top Bott		Bridge Plug Type	Bridge Plug Set At					enting Squeeze of Material Used)	
TUBING RECORD:	Size:	Set At:		Packer At:						

Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Teresia 3509 1-16
Doc ID	1155171

Tops

Name	Тор	Datum
Base Heebner	3578	
Lansing	3915	
Cottage Grove	4200	
Oswego Limestone	4535	
Cherokee Group	4673	
Verdigris Limestone	4764	
Mississippi Unconformity	5036	
Kinderhook	5125	
Woodford	5209	

Form	ACO1 - Well Completion
Operator	SandRidge Exploration and Production LLC
Well Name	Teresia 3509 1-16
Doc ID	1155171

## Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Conductor	30	20	75	90	Express Energy Services grout	13	none
Surface	12.25	9.63	36	830	O-Tex Lite Premium Plus 65/ Premium Plus (Class C)		(6% gel) 2% Calcium Chloride, 1/4 pps Cello- Flake, .5% C-41P

EXPRESS ENERGY SVC5 OF ERATING POBOX 843971 FINDLE # (713)025-7400 Fax # (713)625-7403	Pg 1 of 1 <b>TICKET NUMBER:</b> 8052-27-1 TICKET DATE: 02/09/2012
	ELECTRONIC
SANDRIDGE ENERGY INC 123 ROBERT S KERR AVE OKLAHOMA CITY, OK 73102-6406	Yard: 8052 OKLAHOMA ELK CITY RATHOLE Lease: Teresa Well#: 1-16 Contractor: Lariate Rig#: 45 Co/St: HARPER, KS Sales Person: EXPRESS ENERGY SERVICES OPERATING LL
For questions, please DESCRIPTION 2/9/2012 Drill a 30" conductor hole (up to 120' depths) 2/9/2012 Provide 20" plpe for casing hole (per ft) 2/9/2012 Drill 20" hole for mouse hole (up to 80' depths) 2/9/2012 Drill 20" hole for cellar (per ft) 2/9/2012 Drill 75" hole for cellar (per ft) 2/9/2012 Drill 75" hole for cellar (per ft) 2/9/2012 SITE PREPARATION - LOCATION CLEANUP 2/9/2012 Running Pipe on Deep Main Hole (90' - 120') 2/9/2012 Running Pipe on Deep Mouse Hole ( up to 80')	90.00 FT 90.00 FT 90.00 FT 90.00 FT 90.00 FT 90.00 FT 90.00 FT 80.00 FT 80.00 FT 6.00 FT 6.00 FT 125.000 750.00 1.00 HR 1.00 EA 1.00 EA
2/9/2012 Cement to grout plpe in hole 2/9/2012 Cement pumping provided by third party 2/9/2012 MOBILIZATION FEE ON TRACK RIG (over 500 mile	13.00 YD 200.000 2,600.00 1.00 EA 1.00 MI
2/9/2012 NON TAXABLE	15,000.00
Ta I, the undersigned, advice the acceptance of the above listed goods and/or services Approved Signature	Sub Total: 23,950.00 x ∄αγγờ∕ KS (6.3 %): <u>563.85</u> TICKET TOTAL:\$ <u>24,</u> 513.85

AFE Number: <u>PC</u> Well Name: TERESA FIL H Code: 830 Amount: 24,57 Code: 830 5500010Amount: 94,57385Co. Man: FELT: CharzeCo. Man Sig.: \_\_\_\_\_ 12 1 \* ¢k

- --

		OD CLIM		J	11 ALCE	PROJECT NOIS	2917	TRC	KETDATE	07/28/13	
COUNTY Sta	le U	OB SUM	AA	I		CUSTOMER REP				5/120/13	
	ansas	dridge Explora			duc	DI EMPLOYEE NAM	oug Lan	gley	/		
Teresia 3509	Well No 1-16H	JOB TYPE Surface	<b>.</b>			EMPLOYEE NAM	John	Hall			
EMP NAME											
John Hall	1 10	the second second second						T			
Rocky Anthis											
Joseph Klemm											
Roy Morris					and the second second						
Form. Name	Type					10 1 1					
Packer Type	Set A	t 0	Date	Call	ed Out 7/27/2013	On Locatio 7/28/20	n J		tarted 28/2013		28/2013
Bottom Hole Temp. 80	Press		Date		1/21/2013	1)20/20			20/20 10	1 10	20/20 10
Retainer Depth		Depth 830	Time		1030	000		7	00	9	00
Tools and A						Well D					
Type and Size	Qty	Make			New/Used		Size Gra		From	To	Max. Allow
Auto Fill Tube Insert Float Val	0	IR IR	Casing Liner			36#	978	<u> </u>	Surface	830	1,500
Centralizers	0 I	IR	Liner					+			
Top Plug	0	IR	Tubing				0				
HEAD	0	IR	Drill Pip								
Limit clamp	0	IR	Open H				121/4"	9	Surface	830	Shots/Ft.
Weld-A	0	IR	Perfora					_			
Texas Pattern Guide Shoe Cement Basket	0	IR IR	Perfora Perfora					+			
Materia			Hours			Operating	Hours		Descripti	on of Job	
Mud Type WBM	Density	9 Lb/Gal	Date		Hours	Date	Hours		Surface		
Disp. Fluid Fresh Water I Spacer type resh Wate BBL	Density 10	8.33 Lb/Gal	7/27		1.0 8.0	7/28	2.0	_			
Spacer type resh Wate BBL Spacer type BBL		8.33	1/28	-	8.0			-			
Acid Type Gal.		-%		-				-			
Acid Type Gal.		%									
Surfactant Gal.		In		-				-			
NE Agent Gal. Fluid Loss Gal/		In						-			
	Lb	in		-				-	-		
Fric. Red. Gal/	Lb	_In									
MISC Gal/	Lb	_In	Total	1	9.0	Total	2.0				
Perfpac Balls	Oh		<b></b>			Pre	essures				
Other			MAX		1,500 PSI	AVG.	330163				
Other						Average	Rates in E	BPM			
Other			MAX		6 BPM	AVG					
Other			Feet		46	Reason	Left in Pi	DIAIT			
			reel		-90	1/645011	UNOL U	oner			
			C	eme	nt Data						
Stage Sacks Ceme	nt		Additive	S					W/Rq.	Yield	Lbs/Gal
1 265 FEX Lite Premi	um Plus (	55 (6% Gel) 2% Calci	um Chlor	ide -	1/4pps Cello-Fl	ake5% C-	41P		10.88	1.84	12.70
2 150 Premium Plus	(Class C	) 2% Calcium Chlor	ride - ¼pp	s Ce	llo-Flake				6.32	1.32	14.80
3 *100 Premium Plus	(Class C	) *2% Calcium Chlo	oride on si	de t	o use if necess	sary			*6.32	*1.32	*14.8
			Sur	nma	n/				1		
Preflush 10	Type	Fres	h water		Preflush:	BBI	10.0	0	Type:	Fresh	Water
Breakdown	MAX	MUM 1	,500 PSI		Load & Bkdn:	Gal - BBI	N/A		Pad:Bbl		N/A
			URFACE		Excess /Retun Calc, TOC:	n BBI	33 SURF/	CE	Calc.Dis Actual Di		61 60.60
Average		Plug PSI:	1,050		Final Circ.	PSI:	- N/A		Disp:Bbl		60.60
ISIF5 Min	10 M				Cement Slurry.		122.				
					Total Volume	BBI	192.0	50			
		0	~	2	11-1						
CUSTOMER REPRES	SENTAT	IVE Youg	(AZ	in	Key	0000					
		A		$\rightarrow$	1	SIGNATURE					
				-	0						

		PROJECT NUMBER	TICKET DATE	
		SOK 2929 CUSTOMER REP	08/01/13	3
Harper Kansas Sandridge Explora	tion & Production	Tommy Whil	low	
Teresia 3509 1-16H Kick Off P	lum	EMPLOYEE NAME		
EMP NAME	lug	Arthur Se	tzer	
Arthur Setzer				
Jared Green				
David Thomas				
Form. NameType:				
Packer Type Set At 0	Called Out	On Location Job	Started Job Co	ompleted
Bottom Hole Temp, 125 Pressure	Date 8/1/2013	8/1/2013		1/2013
Total Depth Total Depth 0	Time 1200	1800	1900 2	
Tools and Accessories		Well Data	1900 2	100
Auto Fill Tube 0 IR	New/Used	Weight Size Grade	From To	Max. Allow
Insert Float Val 0 IR	Casing Liner	0.0 0	Surface 4,109	5,000
Centralizers 0 IR Top Plug 0 IR	Liner			
	Tubing	0		
Limit clamp 0 IR	Drill Pipe			
Weld-A 0 ID	Open Hole Perforations	81/4"	Surface 5,280'	Shots/Ft.
Texas Pattern Guide Shoe 0 IR	Perforations			
Cement Basket 0 IR	Perforations			
Mud Type WBM Density 9 1 b(Oct	Hours On Location C	Operating Hours	Description of Job	
DISD. Fluid Fresh Water Density 9.33	B/1	Date Hours 8/1	Kick Off Plug	
Character 0.00				
Acid Type Gal Gal				
Acid Type Gal. %			-	
SurfactantGalIn NE AgentGal. In				
Fluid Loss Gal/I b In				
Gai/Lb In				
Fric, Red Gal/Lb In MISC Gal/Lb In				
	Total 0.0 To	otal 0.0		
Perfpac Balls Qty.		Deservice		
Other	MAX 5.000 PSI	Pressures AVG. 350		
Other	MAX 8 BPM	Average Rates in BPM		
Other	8 BPM	AVG 4 Cement Left in Pipe		
Other	Feet	Reason SHOE JOINT		
		COLUMN OTHER CONT		
Stage Sacks Cement A	Cement Data			
1 225 Premium (Class H) 0.3% C-37			W/Rq. Yield	Lbs/Gal
		(	3.90 0.99 0 0.00 0.00	17.00
		(		0.00
				0.00
Preflush 10 Type: Caus	Summary			
Breakdown	tic Preflush: BF	30,00	Type: Fresh W	ator
Lost Returns-N NO/F	D PSI Load & Bkdn: Ga	I - BBI N/A	Pad:Bbl -Gal	N/A
Actual TOC	Calc. TOC:	31 <u>N/A</u>	Calc.Disp Bbl	
Werage         Bump Plug PSI:           SIP5 Min.         10 Min15 Min.	Final Circ PS	1:	Disp:Bbl	
1310011	Cement Slurry: BE			
		30.00		
CUSTOMER REPRESENTATIVE				
	SIGI	NATURE		

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 15, 2013

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

Re: ACO1 API 15-077-21797-00-00 Teresia 3509 1-16 SE/4 Sec.16-35S-09W 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

		D TNC	BTT	4	0 94	1 37	0.97	0.89	6 F O	0.31	0.96	0.57	0.71	
	_		BUR	y	0,08	0.15	-0.07	-0.02	5 L O L	0 02	0.13	-0.06	0.02	
4532.00	100.0001		INC>TAR		50.87	53.04	56.94	61.35	66.18	71.36	76.88	82.66	88.61	
BHL VS			OI-/IH+		3756.91	3481.87	3023.82	2549.77	2074.70	1600.71	1125.84	651.99	177.10	
4532.00	1c		HD>TAR		4536.16	4538.74	4542.82	4546.16	4548.80	4548.70	4545.50	4542.48	4540.08	
BHL N/S			AZM>TAR		-0.56	-0.61	-0.72	-0.81	-0.85	-0.85	-0.87	-0.94	-1.00	
4900 88 00		1	+RT/-LT		8.03	12.64	20.85	27.95	31.54	30.98	32.94	38.20	42.91	
TAR TVD= TAR INC=	EOC TVD=	EOC VS=	BURN		1.51	1.62	1.87	2.23	2.78	3.60	5.10	8.98	36.19	
ZERO VS TARCET INC	EOC TVD	359.54	DGLG I	0.00	0.08	0.15	0.08	0.04	0.16	0.10	0.21	0.09	0.05	
10T		TARGET AZ	E/-W	0.00	8.06	12.69	20.93	28.06	31.67	31.11	33.05	38.28	42.97	
	ATS	30 TAF	N/-S	0.00	-3.95	-6.48	-10.46	-13.71	-16.30	-16.21	-12.98	-9.87	-7.40	
5		7	V. SEC	0.00	-4.01	-6.58	-10.63	-13.93	-16.55	-16.46	-13.24	-10.18	-7.74	
& HORIZONTAL		DDL	TVD	0.00	1142.95	1417.90	1875.81	2349.74	2824.72	3298.72	3773.70	4247.66	4722.63	
DIRECTIONAL & HORIZONTAL	1	31	AZMUTH	0.00	116.10	120.40	109.90	119.60	153.90	312.00	50.00	73.30	52.70	
ц	09 1-16H	CL	INC	0.00	0.90	1.30	1.00	0.90	0.20	0.30	0.90	0.60	0.70	
	NAME: Teresia 3509 1-16H	ഹ	DEPTH	0	1143	1418	1876	2350	2825	3299	3774	4248	4723	
	NAME :	MO	#S	gyro	н	2	m	4	Ŋ	9	2	ω	σ	10

