

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	SURF		599	0	2,325

Details of work:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Laci Bevans

Title: Regulatory Analyst Date: 11/14/2016 Email: lbevans@sandridgeenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401149061	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
401148728	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401149016	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401149018	TIF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401149019	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401149022	TIF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401149024	LAS-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401149025	PDF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401149030	TIF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401149041	PDF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401149045	TIF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401149068	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401149070	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)