

FORM
5Rev
09/14

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

401148728

Date Received:

11/14/2016

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☐ Final completion ☒ Preliminary completion

OGCC Operator Number: 10598

Contact Name: Laci Bevans

Name of Operator: SANDRIDGE EXPLORATION & PRODUCTION LLC

Phone: (405) 429-5610

Address: 123 ROBERT S KERR AVE

Fax:

City: OKLAHOMA CITY State: OK Zip: 73102

API Number 05-057-06575-00

County: JACKSON

Well Name: Marr 0780

Well Number: 5-6H

Location: QtrQtr: NWNE Section: 7 Township: 7N Range: 80W Meridian: 6

Footage at surface: Distance: 345 feet Direction: FNL Distance: 2382 feet Direction: FEL

As Drilled Latitude: 40.598514 As Drilled Longitude: -106.415542

GPS Data:

Date of Measurement: 04/18/2016 PDOP Reading: 1.2 GPS Instrument Operator's Name: C.M., G.W.

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

Field Name: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 08/18/2016 Date TD: 08/19/2016 Date Casing Set or D&A: 08/20/2016

Rig Release Date: 08/22/2016 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 2325 TVD** Plug Back Total Depth MD TVD**

Elevations GR 8130 KB 8135 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

Caliper, Induction, Sonic

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	26	20	106.5	0	51		0	51	VISU
SURF	12+1/4	9+5/8	36	0	2,325	599	0	2,325	VISU

STAGE/TOP OUT/REMEDIAL CEMENT

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 ?
<u>Attachment Checklist</u>		
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"/>
<u>Other Attachments</u>		
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)