

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



Document Number:

401129037

Date Received:

10/12/2016

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

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 05-057-06567-00

County: JACKSON

Well Name: Evans 0780

Well Number: 7-21H

Location: QtrQtr: SESW Section: 16 Township: 7N Range: 80W Meridian: 6

Footage at surface: Distance: 1281 feet Direction: FSL Distance: 1628 feet Direction: FWL

As Drilled Latitude: 40.573765 As Drilled Longitude: -106.382211

GPS Data:

Date of Measurement: 06/16/2016 PDOP Reading: 1.4 GPS Instrument Operator's Name: ADL

** 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) 08/23/2016 Date TD: 08/23/2016 Date Casing Set or D&A: 08/24/2016

Rig Release Date: 08/28/2016 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 2316 TVD** Plug Back Total Depth MD TVD**

Elevations GR 8135 KB 8141 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

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	2,316	585	0	2,316	VISU

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

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	

Operator Comments

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: 10/12/2016

Email: lbevans@sandridgeenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
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Attachment Checklist

401129040	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

Other Attachments

401129037	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
401129039	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passes permitting. Preliminary Form 5 to report surface casing being set. Date Rig Released matches the other wells on the pad. Corrected the QTRQTR per the Well Location Plat.	12/20/2016

Total: 1 comment(s)