

FORM
5
Rev
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



DE ET OE ES

Document Number:
401077177

Date Received:

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 05-057-06546-00 County: JACKSON
Well Name: Castle Well Number: 0780 2-17H20
Location: QtrQtr: NWNW Section: 17 Township: 7N Range: 80W Meridian: 6
Footage at surface: Distance: 187 feet Direction: FNL Distance: 743 feet Direction: FWL
As Drilled Latitude: 40.584244 As Drilled Longitude: -106.404447

GPS Data:
Date of Measurement: 11/19/2015 PDOP Reading: 1.6 GPS Instrument Operator's Name: Chad Meiers

** 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: NORTH PARK HORIZONTAL Field Number: 60120
Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 06/15/2016 Date TD: 06/15/2016 Date Casing Set or D&A: _____
Rig Release Date: 06/23/2016 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 264 TVD** _____ Plug Back Total Depth MD _____ TVD** _____

Elevations GR 8149 KB 8165 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
OPEN HOLE	12+1/4			0	264				

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:

Hit mechanical issues at 264'. Worked to recover hole with no luck. Plugged and abandoned hole on 6/23/2016.

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: _____ Email: lbevans@sandridgeenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
401077276	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"/>
<u>Other Attachments</u>			
401077438	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)