TYPE OR USE BLACK INK
SEE REVERSE FOR INSTRUCTIONS

OKLAHOMA CORPORATION COMMISSION
Oil and Gas Conservation Division
Post Office Box 52000
Oklahoma City, Oklahoma 73152-2000

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JAN 23 2017
OKLAHOMA CORPORATION COMMISSION KINGFISHER OFFICE

Form 1003/1003C
(Rev. 2008)

PLUGGING RECORD
OAC 165:10-11-7

API NO.	35-003-21091
OTC PROD. UNIT NO.	003-220712
PLUGGING DATE	1/17/17

Locate Well on Grid

Well Name/No.	Lois #1-25					
Location C NE 1/4 NE 1/4 NE 1/4	Sec 25	Twp 28N	Rge 11W			
2310 Ft FSL of 1/4 Sec	2310 Ft FWL of 1/4 Sec	County Alfalfa				
Total Depth 5900'	Base of Treatable Water 300'	Well Classification Oil				

OPERATOR

Name	SandRidge Exploration & Production , LLC	OTC/OCC No.	22281
Address	123 Robert S. Kerr Ave	Phone ( )	405-429-5500
City	Oklahoma City	State OK	Zip 73102-6406

PIPE RECORD

Size	Run (ft)	Pulled (ft)	
			Conductor
8 5/8"	442'	None	Surface
			I.C.
			I.C.
5 1/2"	5855'	1017'	P.C.
			Lnr.

PERFORATION DEPTHS

Set 1 -	From	4964'	To	4980'
Set 2-	From	5654'	To	5679'
Set 3-	From		To	
Set 4-	From		To	

Plug	Type of Plug	Hole Size or Pipe Size	Depth	No. Sacks Cement	Slurry Volume	Calculated TOC	Measured Top of Plug If Tagged
1	CIBP	5 1/2"	4900'	10 sks	2.4 bbls	4800'	
2	CIBP	7 7/8"	1017'	40 sks	9.4 bbls	861'	
3	Cement	8 5/8"	542'	120 sks	28.2 bbls	99'	197'
4	Cement	8 5/8"	64'	20 sks	4.7 bbls	Surface	Surface
5							

REMARKS

Set 5 1/2" CIBP @ 4900'. Circ hole w/ 100 bbls mud & cap plug w/ 10 sks cement up to 4800'. Cut & pull 5 1/2" csg from 1017' (24 jts). Spot 40 sks Class "C" cement @ 1017'-861'. Spot 120 sks cement @ 542'-99'. WOC. Tag TOC @ 197'. POH w/ tbg & top out well 64'-4' w/ 20 sks cement.

Reason for Plugging (Non-Commercial)

CEMENTER CERTIFICATION

I certify that the cement plugs were placed in this well as shown on this report, per O.C.C. instructions. The cementing was performed by me or under my direct supervision. I certify all cementing data is true, correct and complete.

Signature	Date 1/18/17	Name and Title Typed or Printed Jason Orr - Manager	
Company Name Orr Enterprises , Inc.			Permit No. 825
Address P.O. Box 1706			Phone 580-251-9618
City Duncan	State Oklahoma		Zip 73534-1706

OPERATOR CERTIFICATION

I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that I have knowledge of the well data and information presented herein, and that data and facts presented are ture, correct, and complete to the best of my knowledge. This covers all well data and information presented herein.

Signature Lacy Bevans	Date 1/23/17	Name and Title Typed or Printed Lacy Bevans, Regulatory Analyst

CORPORATION COMMISSION USE ONLY

By signing this form, the District Manager has approved the contents thereof as to form only. Said District Manager does not warrant the facts provided by the operator are true or that the operator has properly plugged the described well.

Bud Ice	David Howard
Signature of District Manager	Field Inspector