

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

TEMPORARY ABANDONMENT WELL APPLICATION

OPERATOR: License#
Name:
Address 1:
Address 2:
City: State: Zip:
Contact Person:
Phone:
Contact Person Email:
Field Contact Person:
Field Contact Person Phone:

API No. 15-
Spot Description:
Sec. Twp. S. R.
feet from N / S Line of Section
feet from E / W Line of Section
GPS Location: Lat: , Long:
Datum: NAD27 NAD83 WGS84
County: Elevation: GL KB
Lease Name: Well #:
Well Type: (check one) Oil Gas OG WSW Other:
SWD Permit #: ENHR Permit #:
Gas Storage Permit #:
Spud Date: Date Shut-In:

Table with 7 columns: Conductor, Surface, Production, Intermediate, Liner, Tubing. Rows include Size, Setting Depth, Amount of Cement, Top of Cement, Bottom of Cement.

Casing Fluid Level from Surface: How Determined? Date:
Casing Squeeze(s): to w / sacks of cement, to w / sacks of cement. Date:
Do you have a valid Oil & Gas Lease? Yes No
Depth and Type: Junk in Hole at Tools in Hole at Casing Leaks: Yes No Depth of casing leak(s):
Type Completion: ALT. I ALT. II Depth of: DV Tool: w / sacks of cement Port Collar: w / sack of cement
Packer Type: Size: Inch Set at: Feet
Total Depth: Plug Back Depth: Plug Back Method:

Geological Data:

Table with 4 columns: Formation Name, Formation Top, Formation Base, Completion Information. Rows 1 and 2.

UNDER PENALTY OF PERJURY I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Submitted Electronically

Do NOT Write in This Space - KCC USE ONLY
Date Tested: Results: Date Plugged: Date Repaired: Date Put Back in Service:
Review Completed by: Comments:
TA Approved: Yes Denied Date:

Mail to the Appropriate KCC Conservation Office:

Table with 3 columns: District Office #, Address, Phone. Rows 1-4.

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 31171
Name: Continental Operating, Co.
Address 1: 1 Houston Center, 1221 McKinney, ste 3700
Address 2: _____
City: Houston State: Ks Zip: 77010
Contact Person: Greg Mitschke
Phone: (713) 209-1110
CONTRACTOR: License # 32128
Name: Western Well Service
Wellsite Geologist: none
Purchaser: Plains Marketing L. P.

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: Kathol Petroleum Inc.
Well Name: Rempe #1 twin
Original Comp. Date: 5-6-69 Original Total Depth: 3579
 Deepening Re-perf. Conv. to ENHR Conv. to SWD
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
<u>3-23-2011</u>	<u>4-20-2011</u>	<u>5-10-2011</u>

API No. 15 - 163-20203-00-01
Spot Description: _____
SW SW SE Sec. 18 Twp. 9 S. R. 19 East West
380 Feet from North / South Line of Section
3,300 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Rooks
Lease Name: Rempe Well #: 1
Field Name: Marc
Producing Formation: Arbuckle
Elevation: Ground: 2075' KB Kelly Bushing: 5'
Total Depth: 3572' Plug Back Total Depth: 3572'
Amount of Surface Pipe Set and Cemented at: 207' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: _____
feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: fresh water ppm Fluid volume: 150 bbls
Dewatering method used: steel pit
Location of fluid disposal if hauled offsite:
Operator Name: Continental Operating Co.
Lease Name: Stamper "C" License #: 31171
Quarter _____ Sec. 32 Twp. 8 S. R. 17 East West
County: Rooks Permit #: E26,843-0003

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: Ralph W. Brungardt
Title: Procl. Supt. Date: 7-6-11

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: [Signature] RECEIVED

JUL 14 2011

KCC WICHITA

Operator Name: Continental Operating, Co. Lease Name: Rempe Well #: 1
 Sec. 18 Twp. 9 S. R. 19 East West County: Rooks

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Cement Bond, Gamma Ray, Neutron, CCL	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface		8 5/8	N/A	207'	N/A	145	N/A
Production		5 1/2	N/A	3548'	N/A	150	N/A
Production		4 1/2	11.5	3556'	60/40, 4% gel	300	.5% CD-31/defoamer

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
open hole		1500 gal 15%	
		2500 gal 28%	

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. _____		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbbs. <u>10</u>	Gas Mcf _____	Water Bbbs. <u>100</u>
		Gas-Oil Ratio _____	Gravity _____

DISPOSITION OF GAS: <input checked="" type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Mall to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

RECEIVED
 JUL 14 2011
 KCC WICHITA



PO BOX 31 Russell, KS 67665

Voice: (785) 483-3887

Fax: (785) 483-5566

INVOICE

Invoice Number: 126960

Invoice Date: Apr 20, 2011

Page: 1

Bill To:
Continental Operating Co. P. O. Box 52 Hays, KS 67601

Customer ID	Well Name/# or Customer P.O.	Payment Terms	
Cont	Rempe #1	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-06	Russell	Apr 20, 2011	5/20/11

Quantity	Item	Description	Unit Price	Amount
180.00	MAT	Class A Common	16.25	2,925.00
120.00	MAT	Pozmix	8.50	1,020.00
10.00	MAT	Gel	21.25	212.50
129.00	MAT	CD-31	9.35	1,206.15
310.00	SER	Handling	2.25	697.50
55.00	SER	Mileage 310 sx @ .11 per sk per mi	34.10	1,875.50
1.00	SER	Liner	2,125.00	2,125.00
110.00	SER	Pump Truck Mileage	7.00	770.00
110.00	SER	Light Truck Mileage	4.00	440.00
1.00	EQP	4.5 Rubber Wiper Plug	44.00	44.00
1.00	CEMENTER	Glenn Ginther		
1.00	OPER ASSIST	Woody O'Neil		
1.00	OPER ASSIST	Mark Radke		

ALL PRICES ARE NET, PAYABLE 30 DAYS FOLLOWING DATE OF INVOICE. 1 1/2% CHARGED THEREAFTER. IF ACCOUNT IS CURRENT, TAKE DISCOUNT OF

\$ 2869.13

ONLY IF PAID ON OR BEFORE
May 15, 2011

Subtotal	11,315.85
Sales Tax	712.89
Total Invoice Amount	12,028.54
Payment/Credit Applied	
TOTAL	12,028.54

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P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Russell KS.

DATE <u>4-20-2011</u>	SEC. <u>12</u>	TWP. <u>20S</u>	RANGE <u>24W</u>	CALLED OUT	ON LOCATION	JOB START <u>11:00AM</u>	JOB FINISH <u>11:30AM</u>
LEASE <u>Rempe</u>	WELL # <u>1</u>	LOCATION <u>ZURICH 2W 2N 4W 1/4 NE 1/4</u>			COUNTY <u>ROCKS</u>	STATE <u>KANSAS</u>	

CONTRACTOR Western Well Service (copy) OWNER _____

TYPE OF JOB Cement Liner (4 1/2)

HOLE SIZE _____ T.D. _____

CASING SIZE 4 1/2 liner DEPTH 3552

TUBING SIZE 11.60 # egg DEPTH _____

DRILL PIPE (w/annular) DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 1500 # MINIMUM 500 #

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT 55 1/2 BBL

CEMENT AMOUNT ORDERED 300 SX 1/40 4 1/2 GEL
1/2 OF 1% CD-31
w/ DeFoamer

COMMON	<u>180</u>	@	<u>16.25</u>	<u>2925.00</u>
POZMIX	<u>120</u>	@	<u>8.50</u>	<u>1020.00</u>
GEL	<u>10</u>	@	<u>21.25</u>	<u>212.50</u>
CHLORIDE		@		
ASC		@		
	<u>CD-31 129 #</u>	@	<u>9.35</u>	<u>1206.15</u>
		@		
		@		
		@		
		@		
HANDLING	<u>3/0</u>	@	<u>2.25</u>	<u>697.50</u>
MILEAGE	<u>11.5/1k mile</u>			<u>1875.00</u>
				TOTAL <u>7936.65</u>

EQUIPMENT

PUMP TRUCK CEMENTER Glenn

398 HELPER Woody

BULK TRUCK

423 DRIVER Mark

BULK TRUCK

_____ DRIVER _____

REMARKS:

Ran New 4 1/2 screw Together
Liner (11.60 # egg) Set @ 3552'
Load, Hole & Review Circulation
Mixed 300 SX 1/40 4 1/2 GEL 1/2 OF 1%
CD-31 (Friction Reducer w/ DeFoamer). Clear-
line, + Release Rubber Plug, Displace
55 1/2 BBL H2O - Land Plug @ 1500 #
Released Pressure & Float - Held.

THANKS

SERVICE

DEPTH OF JOB			
PUMP TRUCK CHARGE			<u>2120.00</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>11.0</u>	@	<u>7.00</u> <u>770.00</u>
MANIFOLD		@	
	<u>600 110</u>	@	<u>4.00</u> <u>440.00</u>
TOTAL <u>3335.00</u>			

CHARGE TO: CONTINENTAL OPER.

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

<u>4 1/2 RUBBER WIPE PLUG</u>	@	<u>44.00</u>
	@	
	@	
	@	
	@	

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KCC WICHITA

To Allied Cementing Co., LLC.
You are hereby requested to rent cementing equipment
and furnish cementer and helper(s) to assist owner or

Conservation Division
District Office No. 4
2301 E. 13th Street
Hays, KS 67601-2651



Phone: 785-261-6250
Fax: 785-625-0564
<http://kcc.ks.gov/>

Dwight D. Keen, Chair
Shari Feist Albrecht, Commissioner
Jay Scott Emler, Commissioner

Laura Kelly, Governor

February 15, 2019

Ken Walker
Stroke of Luck Energy & Exploration LLC
PO BOX 98
TECUMSEH, KS 66542-0098

Re: Temporary Abandonment
API 15-163-20203-00-01
REMPE 1
SE/4 Sec.18-09S-19W
Rooks County, Kansas

Dear Ken Walker:

"Your temporary abandonment (TA) application for the well listed above has been approved. In accordance with K.A.R. 82-3-111 the TA status of this well will expire 02/15/2020.

- * If you return this well to service or plug it, please notify the District Office.
- * If you sell this well you are required to file a Transfer of Operator form, T-1.
- * If the well will remain temporarily abandoned, you must submit a new TA application, CP-111, before 02/15/2020.

You may contact me at the number above if you have questions.

Very truly yours,

RICHARD WILLIAMS "