

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING APPLICATION
Please TYPE Form and File ONE Copy

Form CP-1
March 2009
This Form must be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License #: 32204
Name: Redland Resources, Inc.
Address 1: 6001 NW 23rd Street
Address 2: _____
City: Oklahoma City State: OK Zip: 73127 + _____
Contact Person: Alan Thrower
Phone: (405) 789-7104

API No. 15 - 033-21551-00-00
If pre 1967, supply original completion date: _____
Spot Description: 200' East & 7' North of
C - NE SW Sec. 14 Twp. 33 S. R. 17 East West
1,967 Feet from North / South Line of Section
2,180 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Comanche County, Kansas
Lease Name: EINSEL Well #: 14-11

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: _____
 SWD Permit #: _____ ENHR Permit #: _____ Gas Storage Permit #: _____
Conductor Casing Size: 20" Set at: 50' Cemented with: _____ Sacks
Surface Casing Size: 13-3/8" Set at: 266' Cemented with: 200 Sacks
Production Casing Size: _____ Set at: _____ Cemented with: _____ Sacks

List (ALL) Perforations and Bridge Plug Sets:

Elevation: 1892/1905' (G.L. / K.B.) T.D.: 5250' PBTD: _____ Anhydrite Depth: _____
(Stone Corral Formation)
Condition of Well: Good Poor Junk in Hole Casing Leak at: _____
(Interval)
Proposed Method of Plugging (attach a separate page if additional space is needed):

Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No
If ACO-1 not filed, explain why:

RECEIVED
JUN 18 2009
KCC WICHITA

Plugging of this Well will be done in accordance with K.S.A. 55-101 et. seq. and the Rules and Regulations of the State Corporation Commission

Company Representative authorized to supervise plugging operations: DAVID HICKMAN
Address: P.O. Box 693 City: LAVERNE State: OK Zip: 73848 + _____
Phone: (580) 334-7013
Plugging Contractor License #: 5929 Name: Duke Drilling
Address 1: _____ Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Phone: (____) _____

Proposed Date of Plugging (if known): 04-26-09 4:15 PM

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

Date: 6/16/09 Authorized Operator / Agent: Alan Thrower
(Signature)

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

*Well plugged - KCC - PKT

Dist 1
PKT