

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CP-1

March 2009

This Form must be Typed

Form must be Signed

All blanks must be Filled

WELL PLUGGING APPLICATION

Please TYPE Form and File ONE Copy

OPERATOR: License #: 33268
Name: RL Investment LLC
Address 1: 217 Saint Peter St
Address 2: _____
City: Morland State: KS Zip: 67650 + _____
Contact Person: Randall J Pfeifer
Phone: (785) 627-5711

API No. 15 - 179-20691-0001
If pre 1967, supply original completion date: 8/24/83
Spot Description: N/A
NW NE NW Sec. 10 Twp. 10 S. R. 26 East West
330 Feet from North / South Line of Section
1,650 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Sheridan
Lease Name: Fuller Well #: 4

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: _____
 SWD Permit #: _____ ENHR Permit #: _____ Gas Storage Permit #: _____
Conductor Casing Size: N/A Set at: N/A Cemented with: N/A Sacks
Surface Casing Size: 8 5/8 Set at: 256 Cemented with: 210 Sacks
Production Casing Size: 5 1/2 Set at: 4395 Cemented with: 175 Sacks

List (ALL) Perforations and Bridge Plug Sets:

Elevation: 2627 (G.L. / K.B.) T.D.: 4395 PBTD: N/A Anhydrite Depth: +377
(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):

Per your recommendation

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DEC 07 2009

Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No

If ACO-1 not filed, explain why:

CONSERVATION DIVISION
WICHITA, KS

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: Randall J Pfeifer
Address: 217 Saint Peter St City: Morland State: KS Zip: 67650 + _____
Phone: (785) 627-5711
Plugging Contractor License #: 32810 Name: Professional Pulling Service LLC
Address 1: P.O. Box 486 Address 2: _____
City: Hays State: KS Zip: 67601 + _____
Phone: (785) 628-7443

Proposed Date of Plugging (if known): _____

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

Date: 11-24-09 Authorized Operator / Agent: Randall J Pfeifer
(Signature)

D6
11/24/09

* Well plugged - KCC-tdg