

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 #: 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 - 179-20872-000 ^{200912 0001} PKTKCC
If pre 1967, supply original completion date: 2-26-83
Spot Description: N/A
SW NE NW Sec. 10 Twp. 10 S. R. 26 East West
4290 4313 Feet from North / South Line of Section
3630 3773 Feet from East / West Line of Section
GPS-KCC-DIG
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Sheridan
Lease Name: Fuller Well #: 3

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: 286 Cemented with: 200 Sacks
Production Casing Size: 4 1/2 Set at: 4374 Cemented with: 200 Sacks

List (ALL) Perforations and Bridge Plug Sets:

Elevation: 2634 (G.L. / K.B.) T.D.: 4372 PBTD: N/A Anhydrite Depth: +376
(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

RECEIVED
KANSAS CORPORATION COMMISSION
DEC 07 2009
CONSERVATION DIVISION
WICHITA, KS

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

If ACO-1 not filed, explain why:

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): 11/13/09 - 11:00 AM

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)

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

* Well plugged - KCC-DIG

JKX
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