

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 - 097-21664-00-00
If pre 1967, supply original completion date: _____
Spot Description: 160' N & 100' E OF
C - NE SE Sec. 16 Twp. 30 S. R. 19 East West
2,130 Feet from North / South Line of Section
560 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: KIOWA COUNTY, KS
Lease Name: BENDER Well #: 16-9

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: 5.5 YDS GROUT Sacks
Surface Casing Size: 13.375" Set at: 270' Cemented with: 250 Sacks
Production Casing Size: _____ Set at: _____ Cemented with: _____ Sacks

List (ALL) Perforations and Bridge Plug Sets:

Elevation: 2278' (G.L. / K.B.) T.D.: 5300' 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
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DEC 11 2009
KCC WICHITA
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 #: 5959 Name: DUKE DRILLING
Address 1: P. O. BOX 823 Address 2: _____
City: GREAT BEND State: KS Zip: 67530 + _____
Phone: (620) 793-8366

Proposed Date of Plugging (if known): 11/10/09

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

Date: 12/07/09 Authorized Operator / Agent: _____
Alan Thrower (Signature) *Dist 1 PKT*

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