

Form 3-125
Revised 1-1-65

LEASE	WELL NO.	LOCATION				DATE PRESS. RUN	TIME S.I. HRS./MIN.	S.I. PRESSURE PSIG (DWT)	S.I. PRESSURE PSIA	PREV. TEST DATE
		UNIT	SEC.	TWP.	RGE.					
State BR <i>Conn.</i>	1	K	16	21S	26E	8/24/76	24 hrs	1079	1092.2	7/31/75 3377.2