

PLUG & ABANDONMENT FORM

AFT NO. _____

OPERATOR Manzano

LEASE NAME Sand Springs State

WELL NO. 1

SEC. 35 **TWP.** 10 **RANGE** 34 **UNIT** M

Date plugging operations began - 8/15/2000

Date plugging operations completed - _____

Name of plugging company - Mayo Morris

Comments: Frank

Signed By: BSD

Date: 8/15/2000