

PLUG & ABANDONMENT FORM

API NO. _____

OPERATOR Charles B. Gillespie

LEASE NAME St G

WELL NO. 1

SEC. 3

TWP. 15

RANGE 33

UNIT B

Date plugging operations began - 10-08-93

Date plugging operations completed - _____

Name of plugging company - Lride Plugging Service

Comments: _____

Signed By: John H. Huffer

Date: 10/14/93