

PLUG & ABANDONMENT FORM

API NO. _____

OPERATOR Charles B. Gillespie

LEASE NAME State M

WELL NO. 2

SEC. 10

TWP. 15

RANGE 33

UNIT F

Date plugging operations began - 02-09-94

Date plugging operations completed - 02-23-94

Name of plugging company - Pride Plugging Services

Comments: _____

Signed By: Jack Griffin

Date: 02-24-94