

PLUG & ABANDONMENT FORM

API NO. _____

OPERATOR Mobil Prod. Inc.

LEASE NAME Bridges State

WELL NO. 49

SEC. 27

TWP. 17

RANGE 34

UNIT H

Date plugging operations began - 11-23-93

Date plugging operations completed - 11-30-93

Name of plugging company - Mayo MARRS

Comments: _____

Signed By: Larry W. Hill

Date: 11-30-93