PLUG & ABANDONMENT FORM

API NO.
OPERATOR CONSIC
LEASE NAME Sconsfer State 16
WELL NO
SEC. <u>16</u> TWP. <u>17</u> RANGE <u>37</u> UNIT <u>C</u>
Date plugging operations began - 10-11-9/
Date plugging operations completed - 10-22-91
Name of plugging company - 5/155
Comments:
Signed By: A a faller
Date: