PLUG & ABANDONMENT FORM

API NO. 30-005-27,394

OPERATOR Barbara Fasken

LEASE NAME Consolidated State

WELL NO. 2

SEC. 8 TWP. 17 RANGE 37 UNIT A

Date plugging operations began - 1-23-95

Date plugging operations completed - 1-30-95

Name of plugging company - Triple 'N'

Comments:

Signed By: Larry W. Hill

Date: 1-30-95