

PLUG & ABANDONMENT FORM

API NO. _____

OPERATOR Barbara Gasken

LEASE NAME Consolidated "A" St

WELL NO. 1

SEC. 8

TWP. 19

RANGE 37

UNIT 0

Date plugging operations began - 05-18-94

Date plugging operations completed - 05-25-94

Name of plugging company - Tripp "N" Plugging Ser

Comments: _____

Signed By: Jack Griffin

Date: 05-25-94