

TYPE OR PRINT
NOTICE: Fill out completely and return
to Cons. Div. office within 30 days.

LEASE OPERATOR THOMAS C. LUTZ

SPOT LOCATION NW - SW - NE

ADDRESS DRAWER 940

SEC. 13 TWP. 17 S. RGE 26 (E) or (W)

CITY, STATE, ZIP FAYETTEVILLE ARKANSAS

COUNTY NESS

PHONE# (501) 443-5430 OPERATORS LICENSE NO. 4689

Date Well Completed _____

Character of Well D+A
(Oil, Gas, D&A, SWD, Input, Water Supply Well)

Date Plugging Commenced 3-21-1995

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The plugging proposal was approved on 3/20/95 (date)
by _____ (KCC District Agent's Name)

Is ACO-1 filed? NO If not, is well log attached? _____

Producing Formation(s) _____ Depth to Top _____ Bottom _____ T.D. _____

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS CASING RECORD

FORMATION	CONTENT	FROM	TO	SIZE	PUT IN	PULL OUT

Described in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same and depth placed, from _____ feet to _____ feet each set.

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor HALLIBURTON

License No. _____

Address WICHITA, KANSAS

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: THOMAS C. LUTZ

STATE OF ARKANSAS COUNTY OF WASHINGTON, ss.

(Employee of Operator or (Operator) of above-described well, being first

duly sworn on oath, says: That I have knowledge of the facts, statements, and matters herein contained and the log of the above-described well as filed that the same are true and correct, so help me God.

(Signature) [Signature]

(Address) P.O. 940 FAYETTEVILLE, AR 72702

SUBSCRIBED AND SWORN TO before me this 7th day of August, 19 95

Karen L. Whitlock
Notary Public

My Commission Expires: _____

