North Dakota State Industrial Commission
SUBSURFACE MINERALS
WELL PLUGGING RECORD

Refer to Permit No.________________________

OPERATOR________________________ LEASE NAME________________________ WELL NO.________________________

LOCATION: (1/4 1/4) SEC TWP RGE (D.F., G.R., K.B.) COUNTY

ADDRESS ALL CORRESPONDENCE CONCERNING THIS FORM TO
STREET________________________ CITY________________________ STATE ZIP________________________

DATE WELL WAS SPUDDED________________________ DATE WELL WAS PLUGGED________________________

TOTAL DEPTH________________________

ELECTRIC OR OTHER LOGS RUN?________________________

WAS THIS WELL CORED? ___________ IF SO, GIVE INTERVALS________________________

DISPOSITION OF CORES________________________________________________________


EXECUTED THIS______ DAY OF________________________, 20______. (Company or Operator)

STATE OF________________________ ss (Signature) (Title)

COUNTY OF________________________

Before me the undersigned authority, on this day personally appeared known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath states that he/she is authorized to make this report and has knowledge of the facts stated herein and that said report is true and correct.

Subscribed and sworn to before me this the __________ day of ________________, 20______.

________________________

My Commission expires ________________ Notary Public in and for