PLUGGING RECORD

The owner or operator of any oil or gas well or stratigraphic hole shall file this form with the Director of the State of Oregon Department of Geology and Mineral Industries setting forth in detail the method used in plugging such well. The form must be filed within twenty (20) days after plugging for oil and gas wells, or within sixty (60) days for stratigraphic holes.

Rule 1 of rules and regulations adopted pursuant to ORS 520.095 (1) (13) (Chapter 667 OL 1953)

Operator American Quasar Petroleum Co. Field Wildcat
Pool __________________________________________________________
County Columbia

ADDRESS ALL CORRESPONDENCE CONCERNING THIS FORM TO:
204 Superior Bldg., Casper, Wyoming 82601
Street 201 North Wolcott St. City Casper
Lease Name Crown Zellerbach Well No. 29-14, Sec. 29, T. 6N, R. 4W

Date well was plugged November 3 1979.

Was the well filled with mud laden fluid, according to regulations of the Board of the State of Oregon Department of Geology and Mineral Industries? Yes

How was the mud applied? Halliburton & rig pump

Were plugs used? Yes

If so, show all shoulders left for casing, depth of each, and size of casing, size and kind of plugs used, and depths placed. Also amount of cement and rock.

Use additional sheets if necessary.

Conductor: 1 jt 12-3/4", set @ 20'.
Surf., csg: 13 jts 7", 20#, K-55, STC, set @ 508' w/250 sx.

Plug #1: 1940-2140' - 36 sx Class "G"
Plug #2: 408-606' - 36 sx Class "G"
Plug #3: 50' - Ground Level - 10 sx Class "G"

Was notice given, before plugging, to all available adjoining lease and land owners? Yes

American Quasar Petroleum Co.
By: ____________________________
[Signature]
John F. Sindelar

AFFIDAVIT

State of Wyoming
County of Natrona

I, John F. Sindelar, being duly sworn, say that I have knowledge of the facts stated herein, that they are true and correct, and that I am authorized to make this report.

Subscribed and sworn to before me this ______ day of November 1979.

[Signature] Notary public in and for Natrona Co., Wyo.

My commission expires ____________.