

## SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB Number:	3235-0076
Expires: Aug	gust 31, 1998
Estimated average	ge burden
hours per respon	

SEC USE ONLY					
Prefix	Serial				
DATE RECEIV	/ED				

Name of Offering ( check if	his is an amendment ar	nd name has cha	inged, and inc	licate change.)	100	1614
Tengasco, Inc						1019
Filing Under (Check box(es) that a	apply):   Rule 504	☐ Rule 505	☑ Rule 506	☐ Section 4(6)		ÞΕ
Type of Filing:   New Filing	☐ Amendment					
	A. BASIC	CIDENTIFICA	TION DATA			
1. Enter the information requested	about the issuer				··	
Name of Issuer $\square$ check if this	is an amendment and	name has chang	ed, and indica	te change.)		
Tengasco, Inc.	·	· · · · · · · · · · · · · · · · · · ·				·
Address of Executive Offices		treet, City, Stat	e, Zip Code)	Telephone Numb		ing Area Code)
603 Main Avenue, Knoxy	lle, TN 37902	read City State	- Zi- Cada	<del></del>	(1.5.50)	NONE TOTAL COLD
Address of Principal Business Ope (if different from Executive Office	·c \	treet, City, Stat	e, Zip Code)	relephone Numo	er (eneigo	ing Area Code)
	"' Same				nd 🔀	
Brief Description of Business				<b>€</b> € M	HIL O.A.	20022
Exploration for, produc	ction and transp	ortation of	oil and	natural gas	(j. 152)	
Type of Business Organization						PROCESSED
<sup>6</sup> □ Corporation	☐ limited partnership	, aiready forme	d ,	other (please s		- IOOLOOL
□ business trust	☐ limited partnership	, to be formed	·	···		MAY 2 3 2002
Actual or Estimated Date of Inco			_		stimated	THOMSON FINANCIAL
Jurisdiction of Incorporation or C	rganization: (Enter two CN for Ca	-letter U.S. Pos nada; FN for o	tal Service abb ther foreign ju	previation for Stati prisdiction)	ie:	

#### GENERAL INSTRUCTIONS

#### Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Notential persons who are to respond to the collection of information contained in this form

CK5H ..

2. Enter the information requested for the following:	<u> </u>		
• Each promoter of the issuer, if the issuer has been organize		•	
<ul> <li>Each beneficial owner having the power to vote or dispose, securities of the issuer;</li> </ul>	or direct the vote or dispo	osition of, 10%	or more of a class of equity
<ul> <li>Each executive officer and director of corporate issuers and of</li> </ul>	f corporate general and π	anaging partne	rs of partnership issuers; and
<ul> <li>Each general and managing partner of partnership issuers.</li> </ul>	***		
Check Box(es) that Apply:	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Industrial Resources Corporation	*		
Business or Residence Address (Number and Street, City, State,	Zip Code)	<del>, , , , , , , , , , , , , , , , , , , </del>	
603 Main Avenue, Suite 500, Knoxville, TN 37	902		
Check Box(es) that Apply:  Promoter Beneficial Owner	☐ Executive Officer	प्रि Director	☐ General and/or Managing Partner
Full Name (Last name first, if Individual)			
Ratliff, Malcolm E.		•	•
Business or Residence Address (Number and Street, City, State,	Zip Code)		
2100 Scott Lane, Knoxville, TN 37922	: •		
	Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Armstrong, Joseph E.			, , , , , , , , , , , , , , , , , , ,
Business or Residence Address (Number and Street, City, State, 4708 Hilldale Drive, Knoxville, TN 37914	Zip Code)		· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply:	☐ Executive Officer	CX Director	General and/or Managing Partner
Full Name (Last name first, if individual) Becker, Benton L.			
Business or Residence Address (Number and Street, City, State,	Zip Codé)	<del></del>	
1497 LaCosta Drive East, Pembrook Pines, FL 33	1027		
Check Box(es) that Apply:  Promoter  Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if individual) Harbert, Bill L.			
Business or Residence Address (Number and Street, City, State,	Zip Code)		
820 Shaders Creek Parkway, Birmingham, Al 35	209		
Check Box(es) that Apply:	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Hatcher, Robert D. Jr.			
Business or Residence Address (Number and Street, City, State, 107 Golden Gate Lane, Oak Ridge, TN 37922	Zip Code)		
Check Box(es) that Apply:   Promoter   Beneficial Owner	☐ Executive Officer	CX Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Stivers, Charles M.	`		
Business or Residence Address (Number and Street, City, State, 2420 Richmond Road, Manchester, KY 40962	Zip Code)	<del></del>	
		·	

A. BASIC IDENTIFICATION DATA

,	A. BASIC IDENTI	FICATION DATA	<u> </u>	· ·
2. Enter the information requested for the	following:			
• Each promoter of the issuer, if the	issuer has been organized	d within the past five year	ars;	
<ul> <li>Each beneficial owner having the po securities of the issuer;</li> </ul>	wer to vote or dispose, o	r direct the vote or dispo	osition of, 10%	or more of a class of equit
Each executive officer and director o	f corporate issuers and of	corporate general and m	nanaging partne	rs of partnership issuers; an
Each general and managing partner	of partnership issuers.			•
Check Box(es) that Apply:   Promoter	☐ Beneficial Owner	CX Executive Officer	D' Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Morris, Harold G. Jr.				
Business or Residence Address (Number 153 Chuniloti Way, Loudon, TN	and Street, City, State, 2 I 37774	Zip Code)		
Check Box(es) that Apply:   Promoter	Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if Individual) Ruth, Mark A.		·		
Business or Residence Address (Number 9400 Hickory Knoll Lane, Kno	and Street, City, State, 2 XVille, TN 37922	Zip Code)		
Check Box(es) that Apply:   Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Carter, Robert M.				
Business or Residence Address (Number 760 Prince George Parish Driv	and Street, City, State, 2 e, Knoxville, TN			
Check Box(es) that Apply:   Promoter	☐ Beneficial Owner	A Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Sorensen, Cary V.			,	
Business or Residence Address (Number 509 Bretton Woods Drive, Knox	and Street, City, State, 2 Ville, TN 37919	Zíp Codé)		`
Check Box(es) that Apply:   Promoter	☐ Beneficial Owner	©Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Sloan, Sheila				
Business or Residence Address (Number 121 Oostanali Way, Loudon, TN		Zip Code)		
Check Box(es) that Apply:   Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)	: :			
Business or Residence Address (Number	and Street, City, State, 2	Lip Code)		
Check Box(es) that Apply:   Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			·	
Business or Residence Address (Number a	and Street, City, State, 2	(ip Code)		

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1. Has t	he issuer :	sold, or de	oes the issu	uer intend	to sell, to	non-accre	dited inve	stors in th	is offering	; <b>?</b>	* * * * * * * *	. 🗆	<b>X</b>
			An	swer also	in Append	lix, Colum	n 2, if fili	ng under l	ULOE.				
2. What	is the mi	nimum inv	estment th	nat will be	accepted	from any	individual	?			• • • • • • • •	. 5_10	0.000
												Yes	No
3. Does	the offeri	ng permit	joint own	ership of a	a single un	it?					, ,	. 🗷	
sion c to be list th	or similar r listed is an ne name of	emunerati n associate the broke	on for solic ed person c er or deale	citation of or agent of r. If more	purchasers a broker than five	s in connec or dealer r	tion with s egistered v to be list	ales of sectivith the SE ed are asso	urities in th EC and/or	ndirectly, a ne offering, with a sta rsons of su	If a perso te or state	n . s,	
Full Name	(Last nan	ne first, if	individual	l)									<del></del>
Kenny :	Securit	ies Cor	.p.						•				
Business o	r Residenc	e Address	(Number	and Street	t, City, Sta	ate, Zip Ci	ode)		<del></del>	<del></del>		<del></del>	
7711 Ca	arondel	et Aven	ue. Sui	ite 900	S+ T	ouis, M	10 C210	_					
Name of A					, 50. 1	ouis, N	10 6310	5		<del></del>	<del></del>	<del></del>	
ivanic of 7	1330Ciaicu	Bloker of	Dealer										
States in V	Vhich Pers	on Listed	Has Solie	ited or Int	ends to Sc	olicit Purch	nasers				<del></del>	<del></del>	
(Check	"All State:	s" or chec	k individu	al States)				• • • • • • • •		• • • • • • • • • • • • • • • • • • • •		□ All S	lates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	{FL}	[GA]	[ HI ]	{ 1D }	
[IL]	[IN]	[ IA ]	[KS]	'[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[ NJ ]	[NM]	[ XXY ]	[NC]	[ND]	[OH]	{OK}	[OR]	(PA)	
[ RI ]	[ SC ]	[SD]	[TN]	{TX}	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Name of A	Associated	Broker or	Dealer	· · · · · · · · · · · · · · · · · · ·		<del></del>	-		<del> </del>	<del></del>			
States in V	Vhich Pers	on Listed	Has Solic	ited or Int	ends to So	licit Purch	125615						
												☐ All St	2101
[AL]		[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	{DC}	[FL]	[GA]	[HI]	[ID]	2167
[ ]L }	[1N]	[IA]	[ KS ]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[14]	[NM]	[NY]	(NC)	[ND]	[0H]	{OK}	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Name	(Last nar	ne first, if	individual	i)									
Business o	r Residenc	e Address	(Number	and Street	ı, City, Sta	ate, Zip Co	ode)	·		<del></del>	<del></del>		
Name of A	Associated	Broker or	Dealer			<del></del>		<del></del>	·			<del></del>	
States in 1	Miles Des		Mar Calia	ined on low		Viela Decemb					<del></del>		
States in V												<b>~</b>	
(Check	"All State [AK]	s'' or ched [AZ]	k individu (AR)	(CA)	[CO]		[DE]	[DC]				☐ All St	ates
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[FL] [MI]	[GA] [MN]	[ HI ] [ MS ]	[ ID ] [MO]	
[MT]	[NE]	[NV]	[HH]	[ א]	[NM]	[NY]	[NC]	[ND]	(OH)	[OK]	[OR]	{PA}	
[ R1 ]	[SC]	[SD]	[TN]	{ X X }	[UT]	[ VT ]	{ VA }	{WA}	[WV]	[WI]	[WY]	[PR]	

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	S
	Equity	\$ 5,000,000	S0-
	☐ Common 🔀 Preferred		
	Convertible Securities (including warrants)	s	\$
	Partnership Interests	5	\$
	Other (Specify)	\$	\$
	Total	\$ 5.000.000	* s
	Answer also in Appendix, Column 3, if filing under ULOE.		maximum offering
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their	Minimum off \$1,000,000	ering is
	purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	<u>unknown</u>	\$
	Non-accredited Investors	0-	\$
	Total (for filings under Rule 504 only)		
	Answer also in Appendix, Column 4, if filing under ULOE.	·	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	T (	<b>D</b> .0
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	S
	Regulation A		<b>S</b>
	Rule 504	-	\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		s
	Legal Fees		\$
	Accounting Fees		\$
	Engineering Fees		<b>s</b>
	Sales Commissions (specify finders' fees separately)	<b>x</b> 0	\$400,000 *
	Other Expenses (identify)		\$
	Total	-	\$400,000*
	*Based on Maximum offering; all other expenses will be paid by t and not from proceeds of the offering.		•

C. OFFERING PRICE, NUMBER OF INVESTORS, EATENSES AND USE OF PROCEEDS

	b. Enter the difference between the aggregate offetion 1 and total expenses furnished in response to "adjusted gross proceeds to the issuer."	Part C - Question 4.a. This difference	is the	•	,	\$ <u>4,600,000</u>
5.	Indicate below the amount of the adjusted gross pused for each of the purposes shown. If the amount estimate and check the box to the left of the estimate and the left of the lef	nt for any purpose is not known, furnice. The total of the payments listed must	sh an equa	1 [		
	the adjusted gross proceeds to the issuer set forth	in response to Part C - Question 4.0 a	bove.	Payments to		
				Officers, Directors, &		Payments To
				Affiliates 0		Others
	Salaries and fees	• • • • • • • • • • • • • • • • • • • •				s
	Purchase of real estate		□ <b>\$</b>	<u>-0-</u>		s <u>-0-</u>
	Purchase, rental or leasing and installation of	machinery and equipment		0		s <u>-0-</u>
	Construction or leasing of plant buildings and	facilities	□ s	0_		s <u>-0-</u>
	Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger)	assets or securities of another		-0-	О	s0-
	Repayment of indebtedness					\$
	, ,				_	
	Working capital	•				\$
	Other (specify) Proceeds to be used t	o refinance existing	□ <b>s</b>			<u>\$4,600,000</u>
	indebetedness, continue drilli	ng program, exploration				
	of new structures, capital devi- working capital.	elopment projects and	□ <b>s</b>			ś
	Column Totals	• • • • • • • • • • • • • • • • • • • •	□ <b>s</b>			<u>\$4,600,000</u>
	Total Payments Listed (column totals added)	•		s <u>4,6</u>	00	,000
				·		
	·	D. FEDERAL SIGNATURE				·
fo	e issuer has duly caused this notice to be signed by lowing signature constitutes an undertaking by the i est of its staff, the information furnished by the is	ssuer to furnish to the U.S. Securities ar	id Ex	change Commiss	ion,	upon written re-
Iss	uer (Print or Type)	Signature	1	Date		,
Т	ngasco, Inc.	Harold St. morris	1.	4	//a	26/02
Na Ha	me of Signer (Print or Type) rold G. Morris, Jr.	Title of Signer (Print or Type) President				
_		<u> </u>				