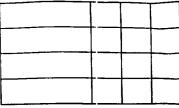


## REFF ENCE SHEET FOR UNDESIGNATED WELLS



1. Date: (	15/03	 _
2. Type of Well Oil Well	i: Gas Well	
3. County;	Ca	

4. Operator	vame: ad 4 Stevens Inc		API NUMBER 30-025-35947
5. Address	Box 1518 Roswell	WM 88202	
7. Lease na	me or Unit Agreement Name:		7. Well No. ス
8. Well Loc Unit	10:	3275/8	feet from theline
Sect		Orange 360 NMPM	
9. Complet	on Date:	11. Perfs top	bottom
9. Complet	1/11/02	8250	8256
10. Name of	Producing Formation:	12. Open Hole casing shoe	PBTD cr TD
	Bone Spring		
14. C-123 F	led: 15. Name of Pool Reques	Bone Spring	(97242)
16. Remark	Create	1. 7	

TO BE (	COMPLETED BY COL NAME S . R	DISTRICT	GEOLOGIST				18. POOLID#	
Т	S, R	E	T	S, R	Е	Т	S, R	Е
Sec	<u> </u>		Sec			Sec		
Sec		_	Sec			Sec		
Sec			Sec			Sec		

19. ADVERTISED FOR HEARING:	20. CASE NUMBER:
21. Name of pool for which was advertised.	<u> </u>
22a. Placed in Pool	22b. By order number