

# REFERENCE SHEET FOR UNDESIGNATED WELLS



1. Date:	9/18/06
2. Type of Well:	Oil Well Gas Well
3. County:	Lea

4. Operator Name:		API NUMBER	
Harvey E Yates Co		30-025-27069	
5. Address of Operator:			
PO Box 1933 Roswell NM 88202			
7. Lease name or Unit Agreement Name:		7. Well No.	
Federal 30		1	
8. Well Location			
Unit Letter	I	feet from the	S line and 760 feet from the E line
Section	30	Township	19S Range 33E NMPM
9. Completion Date:		11. Perfs top bottom	
8/4/06		9850 9970	
10. Name of Producing Formation:		12. Open Hole casing shoe PBTD or TD	
Bone Spring			
14. C-123 Filed:	15. Name of Pool Requested:		
	Gem Bone Spring <27220>		
16. Remarks			
Ext SE/4			

TO BE COMPLETED BY DISTRICT GEOLOGIST					
17. POOL NAME				18. POOLID #	
T	S, R	E	T	S, R	E
Sec			Sec		
Sec			Sec		
Sec			Sec		

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