

REFERENCE SHEET FOR UNDESIGNATED WELLS

1. Date:	1/23/03
2. Type of Well:	<input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well
3. County:	Lea

4. Operator Name: C.W. Trainer		API NUMBER 30-025-D1059
5. Address of Operator: 1008 W Broadway Hobbs NM 88240		
7. Lease name or Unit Agreement Name: Hope State		7. Well No. 1
8. Well Location Unit Letter <u>P</u> : <u>660</u> feet from the <u>S</u> line and <u>660</u> feet from the <u>E</u> line Section <u>22</u> Township <u>12S</u> Range <u>33E</u> NMPM		
9. Completion Date: 1/18/01	11. Perfs top 8212	bottom 8346
10. Name of Producing Formation: Abo	12. Open Hole casing shoe PBTD or TD	
14. C-123 Filed:	15. Name of Pool Requested: Wildcat Abo <97250>	
16. Remarks Create		

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