

REFERENCE SHEET FOR
UNDESIGNATED WELLS

	Fm	Pm	N
11/21 E	XX	XX	XX

paragraph **iii**

1. Date:	3/31/2004
2. Type of Well:	
Oil:	XX
Gas:	
3. County:	LEA

4. Operator:	>> TOM BROWN INC		API NUMBER:	30 - 025 - 36524
5. Address of Operator	>> PO BOX 2608			
	>> MIDLAND TX 79702			
6. Lease name or Unit Agreement Name	>> KAREN 1 STATE			7. Well Number # - 2
8. Well Location				
Unit Letter: K	2310	feet from the	S	line and 1650
Section	36	Township	19S	Range 37E

9. Completion Date:	3/1/2004	11. Perfs	Top	6919	Bottom	6982
10. Name of Producing Formation(s)	DRINKARD		12. Open Hole Casing shoe	PBTD or TD Open Hole		

13. C-123 Filed:	Date	15. Name of Pool Requested:	Pool ID num
Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		SKAGGS;DRINKARD	57000
16. Remarks:	EXTEND		

TO BE COMPLETED BY DISTRICT GEOLOGIST		
17. Action taken	18. Pool Name	Pool ID num
EXTEND	SKAGGS;DRINKARD	57000
<p>T 20 S, R 37 E</p> <p>SEC 1: SW/4</p>		

19. Advertised for HEARING:	20. Case Number
Scheduled for Hearing in May 2004	
21. Name of pool for which was advertised.	Pool ID num
SKAGGS;DRINKARD	57000
22. Placed in Pool	23. By order number
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