

REFERENCE SHEET FOR
UNDESIGNATED WELLS

	Fm	Pm	N
17-21 C	XX	XX	XX

paragraph

1. Date:	9/15/04
2. Type of Well:	
Oil:	XX
Gas:	
3. County:	LEA

4. Operator:		>> MACK ENERGY CORP		API NUMBER:		30 - 025 - 28865	
5. Address of Operator		>> PO BOX 960					
		>> ARTESIA NM 88211-0960					
6. Lease name or Unit Agreement Name		>> CROW STATE				7. Well Number	
						# - 1	
8. Well Location							
Unit Letter:	J	1980	feet from the	S	line and	1980	feet from the
Section	9	Township	18S	Range	34E	E	line
9. Completion Date:		8/11/04		11. Perts		Top	
						6304	
10. Name of Producing Formation(s)		BONE SPRING		12. Open Hole Casing shoe		PBTD or TD Open Hole	
						8927	
13. C-123 Filed:		Date		15. Name of Pool Requested:		Pool ID num	
Y		N		XX		VACUUM;BONE SPRING, WEST	
16. Remarks:		EXTEND					

TO BE COMPLETED BY DISTRICT GEOLOGIST		
17. Action taken	18. Pool Name	Pool ID num
EXTEND	VACUUM;BONE SPRING, WEST	61910
<p>T 18 S, R 34 E</p> <p>SEC 9: SE/4</p>		

19. Advertised for HEARING:	20. Case Number
Scheduled for Hearing in Oct 2004	
21. Name of pool for which was advertised.	Pool ID num
VACUUM;BONE SPRING, WEST	61910
22. Placed in Pool	23. By order number
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