

REFERENCE SHEET FOR
UNDESIGNATED WELLS

	Fm	Pm	N
12-16 E	XX	XX	XX

paragraph ppp

1. Date:	6/21/2004
2. Type of Well:	
Oil:	XX
Gas:	
3. County:	LEA

4. Operator:		API NUMBER:	
>> CHESAPEAKE OPERATING INC		30 - 025 - 36451	
5. Address of Operator			
>> PO BOX 11050			
>> MIDLAND TX 79702-8050			
6. Lease name or Unit Agreement Name			7. Well Number
>> BURRUS 23			# - 5
8. Well Location			
Unit Letter:	F	2310 feet from the	N line and 1650 feet from the W line
Section	23	Township	12S Range 38E
9. Completion Date:		11. Perts	Top
4/17/2004			9056
			Bottom 9091
10. Name of Producing Formation(s)		12. Open Hole Casing shoe	
WOLFCAMP		PBTD or TD Open Hole	
		9800	
13. C-123 Filed:		15. Name of Pool Requested:	
Y <input type="checkbox"/> N <input checked="" type="checkbox"/> XX		TRINITY;WOLFCAMP	
		Pool ID num	
		59890	
16. Remarks:			
EXTEND			

TO BE COMPLETED BY DISTRICT GEOLOGIST

17. Action taken	18. Pool Name	Pool ID num
EXTEND	TRINITY;WOLFCAMP	59890
T 12 S, R 38 E		
SEC 23: SE/4, NW/4		

19. Advertised for HEARING:		20. Case Number
Scheduled for Hearing in July 2004		
21. Name of pool for which was advertised.		Pool ID num
TRINITY;WOLFCAMP		59890
22. Placed in Pool	23. By order number	
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