

REFERENCE SHEET FOR
UNDESIGNATED WELLS

	Fm	Pm	N
17-21 E	XX	XX	XX

paragraph

1. Date:	12/28/2004
2. Type of Well:	
Oil:	XX
Gas:	
3. County:	LEA

4. Operator:		AP# NUMBER:	
>> CAPATAZ OPERATING INC		30 - 025 - 07768	
5. Address of Operator			
>> PO BOX 10549			
>> MIDLAND TX 79702			
6. Lease name or Unit Agreement Name			7. Well Number
>> BLANLENSHIP			# - 3
8. Well Location			
Unit Letter: M	950	feet from the S	line and 950 feet from the W line
Section 12	Township 20S	Range 38E	
9. Completion Date:		11. Peris	Top
7/9/2004		6674	Bottom 6747
10. Name of Producing Formation(s)		12. Open Hole Casing shoe	PBTD or TD Open Hole
TUBB			6900
13. C-123 Filed:	Date	15. Name of Pool Requested:	Pool ID num
Y	N	HOUSE;TUBB	78760
16. Remarks:			
EXTEND			

TO BE COMPLETED BY DISTRICT GEOLOGIST		
17. Action taken	18. Pool Name	Pool ID num
EXTEND	HOUSE;TUBB	78760
T 20 S, R 38 E		
SEC 12: SW/4		

19. Advertised for HEARING:	20. Case Number
21. Name of pool for which was advertised.	Pool ID num
HOUSE;TUBB	78760
22. Placed in Pool	23. By order number
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