

REFERENCE SHEET FOR
UNDESIGNATED WELLS

	Fm	Pm	N
17-21 E	XX	XX	XX

paragraph

1. Date:	2/16/2005
2. Type of Well:	
Oil:	XX
Gas:	
3. County:	LEA

4. Operator:	>> CHESAPEAKE OPERATING INC			APT NUMBER:	30 - 025 - 36717
5. Address of Operator	>> PO BOX OPERATING INC >> MIDLAND TX 79702-8050				
6. Lease name or Unit Agreement Name	>> BARBER-ADKINS 8			7. Well Number	# - 2
8. Well Location	Unit Letter: L 1600 feet from the S line and 630 feet from the W line Section 8 Township 20S Range 37E				
9. Completion Date:	8/25/2004	11. Perts	Top	Bottom	
			6930	7536	
10. Name of Producing Formation(s)	ABO	12. Open Hole Casing shoe	PBTD or TD Open Hole		
			7922		
13. C-123 Filed:	Date	15. Name of Pool Requested:	Pool ID num		
Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		MONUMENT;ABO, SOUTHEAST	96764		
16. Remarks:	EXTEND				

TO BE COMPLETED BY DISTRICT GEOLOGIST		
17. Action taken	18. Pool Name	Pool ID num
EXTEND	MONUMENT;ABO, SOUTHEAST	96764
T 20 S, R 37 E SEC 8: SW/4		

19. Advertised for HEARING:	20. Case Number
Scheduled for Hearing in May 2005	
21. Name of pool for which was advertised.	Pool ID num
MONUMENT;ABO, SOUTHEAST	96764
22. Placed in Pool	23. By order number
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