

REFERENCE SHEET FOR
UNDESIGNATED WELLS

	Fm	Pm	N	Pc
17-21 C	XX	XX	XX	

paragraph

1. Date:	9/17/2012
2. Type of Well:	
Oil:	XX Gas:
3. County:	LEA

4. Operator:	MACK ENERGY CORP							API NUMBER:		30 - 025 - 40426	
5. Address of Operator	PO BOX 960 ARTESIA NM 88210										
6. Lease name or Unit Agreement Name	>> MAGPIE STATE							7. Well Number		# - 1H	
8. Well Location.	FTG N/S	N/S	FTG E/W	E/W	SEC	TWN	RNG				
SLOC	E	1980	N	330	W	26	18S	34E	TD		13713
BHLOC	H	1956	N	976	E	26	18S	34E	PBTD		10036
9. Completion Date	7/31/2012							11. Pens		12. Open Hole	
								TOP		10490	
10. Name of Producing Formation(s)								BOTTOM		13620	
BONE SPRING								BOTTOM			
13. C-123 Filed	Date	15. Name of Pool Requested or temporary Wildcat designation					Pool ID num				
Y	N	XX	AIRSTRIP;BONE SPRING					960			
16. Remarks											
EXTEND											

TO BE COMPLETED BY DISTRICT GEOLOGIST		
17. Action taken	18. Pool Name	Pool ID num
EXTEND	AIRSTRIP;BONE SPRING	960
<p>T 18 S, R 34 E</p> <p>SEC 26: NW/4</p>		

19. Advertised for HEARING:	20. Case Number
21. Name of pool for which was advertised.	Pool ID num
AIRSTRIP;BONE SPRING	960
22. Placed in Pool	23. By order number
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