## REFERENCE SHEET FOR UNDESIGNATED WELLS

|        | Fm | Pm | N  |  |
|--------|----|----|----|--|
| 7-11 E | хx | ХX | XX |  |
|        |    |    |    |  |
|        |    |    |    |  |
|        |    |    |    |  |

|  |                      |                  | 1. 1                           | Date: 9/12/2005     |
|--|----------------------|------------------|--------------------------------|---------------------|
| paragraph                                  |                      | 2. Type of Well: |                                |                     |
|  |                      | 3                | XX Gas:                        |                     |
|  |                      |                  | ROOSEVELT                      |                     |
|  |                      | 3. County:       |                                |                     |
| 4. Operator:                               |                      |                  | API NUMBER                     |                     |
| >> LAYTON ENTERPRISES II                   | VC                   |                  | 30 - 0                         | <u> 141 - 00018</u> |
| 5. Address of Operator                     |                      |                  |                                |                     |
| >> 3103 79TH STREET                        |                      |                  |                                |                     |
| >> LUBBOCK TX 79423                        |                      |                  |                                |                     |
| 6. Lease name or Unit Agreement Name       |                      |                  | 17                             | . Well Number       |
| >> FOX B STATE                             |                      |                  | ****************************** | # - <b>2</b>        |
| 8. Well Location                           |                      |                  | l.                             |                     |
| Unit Letter: N 660 feet from the           | S line and 198       | 0 feet from the  | <b>W</b> line                  |                     |
| Section 36 Township                        | 8S Range 36E         |                  |                                |                     |
|  |                      |                  |                                |                     |
| 9. Completion Date:                        | 11. Perfs            | Top              |                                | Bottom              |
| 8/11/2005                                  |                      | 4952             |                                | 5025                |
| 10. Name of Producing Formation(s)         | 12. Open Ho          | le Casing shoe   | PBTD or TD                     | Open Hole           |
| SAN ANDRES                                 |                      | <u> </u>         |                                |                     |
| 13. C-123 Filed: Date 15. Nam              | e of Pool Requested: |                  |                                | Pool ID num         |
|  | LISON;SAN ANDRES     |                  |                                | 1190                |
| 16. Remarks:                               |                      |                  |                                |                     |
| EXTEND                                     |                      |                  | ***********************        |                     |
| <u> </u>                                   |                      |                  | -                              |                     |
|  |                      | <del></del>      |                                |                     |
|  |                      |                  |                                |                     |
| TO BE COMPLETED BY DISTRICT GEOLO          | GIST                 |                  |                                |                     |
| 17. Action taken 18. Pool Name             |                      |                  |                                | Pool ID num         |
| EXTEND ALLISON;SA                          | N ANDRES             |                  |                                | 1190                |
|  |                      |                  |                                |                     |
|  |                      |                  |                                |                     |
| T 8 S, R 36 E                              |                      |                  |                                |                     |
|  |                      |                  |                                |                     |
| SEC 36: W/2                                |                      |                  |                                |                     |
|  |                      |                  |                                |                     |
|  |                      |                  |                                |                     |
|  |                      |                  |                                |                     |
|  |                      |                  |                                |                     |
| 19. Advertised for HEARING:                |                      |                  | 20. Case Number                | er                  |
|  |                      |                  |                                |                     |
|  |                      |                  |                                |                     |
| 21. Name of pool for which was advertised. |                      |                  |                                | Pool ID num         |
| ALLISON;SAN ANDRES                         |                      |                  |                                | 1190                |
| ,  |                      |                  |                                |                     |
| 22 Placed in Pool                          |                      |                  | 23 By orde                     | er number           |

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