REFERENCE SHEET FOR UNDESIGNATED WELLS

	Fm	Pm	N	Pc
22-26 C	XX	XX	ХX	ХX
				_

	1. Date: 11/25/2013
paragraph	2. Type of Well:
	Oil: XX Gas:
	3. County: LEA
4. Operator:	APINUMBER:
COG OPERATING LLC	30 - 025 - 41065
5. Address of Operator	
550 WEST TEXAS AVE STE 1300	
> MIDLAND TX 79701	
6. Lease name or Unit Agreement Name	
SALVADOR FEE ≥	# - 2H
8. Well Location	_
	feet from the E line
	_
9. Completion Date: 11. Perfs	Top Bottom TD
10/11/2013	11214 15365 15527
10. Name of Producing Formation(s) 12. Open Hole Ca BONE SPRINGS	sing shoe Bottom PBTD 15508
13. C-123 Filed: Date 15. Name of Pool Requested or temperory Will	Control of the contro
Y N XX RED HILLS;BONE SPRING,	
16. Remarks: EXTEND	
EATERD	
TO BE COMPLETED BY DISTRICT GEOLOGIST	
17. Action taken 18. Pool Name	Pool ID num
EXTEND RED HILLS;BONE SPRING, NORTH	96434
T 24 S, R 33 E	T 24 S, R 34 E
SEC 11: All SEC 9:	
1)	SW/4 & E/2
SEC 14: E/2 SEC 16:	
SEC 24: NW/4 SEC 19:	
SEC 25: E/2 SEC 20:	S/Z
19. Advertised for HEARING:	20. Case Number
21. Name of pool for which was advertised.	Pool ID num
RED HILLS;BONE SPRING, NORTH	96434
22. Placed in Pool	23. By order number

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