

| | Fm | Pm | N | Pc |
|----------------|-----------|----|-----------|----|
| 22-26 C | XX | | XX | |
| 22-26 W | XX | | XX | |
| | | | | |
| | | | | |

| | | |
|------------------|-------------------------------------|-------------------------------|
| 1. Date: | | 4/21/2014 |
| 2. Type of Well: | | |
| Oil: | <input checked="" type="checkbox"/> | Gas: <input type="checkbox"/> |
| 3. County: | | LEA |

| TO BE COMPLETED BY DISTRICT GEOLOGIST | | |
|---------------------------------------|------------------|-------------|
| 17. Action taken | 18. Pool Name | Pool ID num |
| EXTEND | LEGG;BONE SPRING | 37870 |

T 22 S, R 33 E

SEC 6: NW/4 & S/2

APR 21 2014