

REFERENCE SHEET FOR UNDESIGNATED WELLS

Return to me!
CLW

1. Date:	9/14/06
2. Type of Well:	<input checked="" type="radio"/> Oil Well <input type="radio"/> Gas Well
3. County:	Lea

4. Operator Name: Chesapeake Operating		API NUMBER 30-025-37621
5. Address of Operator: PO Box 11050 Midland Tx 79702		
7. Lease name or Unit Agreement Name: Sims 13 State		7. Well No. 2
8. Well Location Unit Letter <u>E</u> : <u>1650</u> feet from the <u>N</u> line and <u>330</u> feet from the <u>W</u> line Section <u>13</u> Township <u>20S</u> Range <u>35E</u> NMPM		
9. Completion Date: 4/2/06	11. Perfs top 10032	bottom 10080
10. Name of Producing Formation: Bone Spring	12. Open Hole casing shoe	PBTD or TD
14. C-123 Filed:	15. Name of Pool Requested: Featherstone Bone Spring East <24270>	
16. Remarks Ext NW/4		

TO BE COMPLETED BY DISTRICT GEOLOGIST											
17. POOL NAME						18. POOLID #					
T	S	R	E	T	S	R	E	T	S	R	E
Sec				Sec				Sec			
Sec				Sec				Sec			
Sec				Sec				Sec			

19. ADVERTISED FOR HEARING:		20. CASE NUMBER:	
21. Name of pool for which was advertised.			
22a. Placed in Pool		22b. By order number	