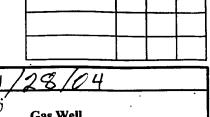


## REFERENCE SHEET FOR UNDESIGNATED WELLS



1. Date: 1/28	104
2. Type of Well Gas	Well
3. County; Lea	

Operator Name: Shackelford Dil Co		API NUMBER 30.025-36418
Address of Operator:		
PD Box 10665 Midlan	d Ty 79702	
Lease name or Unit Agreement Name:		7. Well No.
Lone Kanger		
TYT 11 T	5 line and 330	feet from theline
Section 3 Township 2 De	Range 33e NMPM	
		bottom
11/18/03	3161	3248
Name of Producing Formation:	12. Open Hole casing shoe	PBTD or TD
Yates		
C-123 Filed: 15. Name of Pool Requested	1:	
West Teas	Yates Seven R	ivers (59110)
Remarks	-	/
Ex4		
	PD Box 10665 Midlan  Lease name or Unit Agreement Name:  Lone Ranger  Well Location Unit Letter M: 400 feet from the  Section 3 Township 20  Completion Date:  11/18/03  Name of Producing Formation:  Vales  C-123 Filed: 15. Name of Pool Requested  West leas	Address of Operator:  PD Box 10665 Midland Ty 79702  Lease name or Unit Agreement Name:  Lone Ranger  Well Location Unit Letter M: 400 feet from the 5 line and 330  Section 3 Township 205Range 33e NMPM  Completion Date: 11/8/03 3161  Name of Producing Formation: 12. Open Hole casing shoe  C-123 Filed: 15. Name of Pool Requested:  West leas yates Seven R

TO BE	COMPLETED BY	DISTRICT (	GEOLOGIST					
17. POOL NAME					18. POOLID#			
T	S, R	Е	Т	S, R	E	T	S, R	Е
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