1 1 1 1	INCE SHEET FOR JANATED WELLS 1. Date: 2. Type of Oil Wel 3. County	Gas Well
1. Operator Name:		API NUMBER
5. Address of Operator:		30-025-30832
PD BOX 3193 7. Lease name or Unit Agreement Name: 54a4e 8	Midland Tx 197	7. Well No.
8. Well Location Unit Letter : 990 feet from the line and feet from the line		
Section 8 Township \65 Range 340 NMPM		
9. Completion Date:	/ 11. Perfs top	bottom
8/	14/02 1030	
10. Name of Producing Formation: 12. Open Hole casing shoe PBTD or TD		
14. C-123 Filed: 15. Name of Pool Requested: North Hume Wolfoamp (33580)		
Ext 160 ac NW/4 CDEF		
TO BE COMPLETED BY DISTRICT GEO	LOGIST	
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