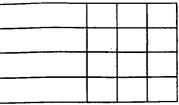


REF RENCE SHEET FOR UNDESIGNATED WELLS



1.	Date:	2/28/01	
2.	Type of W Oil Well	ell: Gas Well	3
3.	County;		

4. Operator Name: Oavid H Arrington Dil & Gas I	nc	API NUMBER 30-025-34695
5. Address of Operator:		
POBOX 2071 Midland TX	19702	
7. Lease name or Unit Agreement Name:		7. Well No.
8. Well Location Unit Letter D: 330 feet from the	line and	feet from the W line
Section 14 Township 65	Range 35@ NMPM	
9. Completion Date:	11. Perfs top	bottom
5/4/00	11884	11907
10. Name of Producing Formation:	12. Open Hole casing shoe	PBTD or TD
Ato ka		
14. C-123 Filed: 15. Name of Pool Requested	,	(96763)
ShoeBar Ato	ka North	<u> </u>
16. Remarks		·
Ext 32D ac W/2	CDEFKLAN	

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