

REFERENCE SHEET FOR
UNDESIGNATED WELLS

1. Date:	7/13/01
2. Type of Well:	<u>Oil Well</u> Gas Well
3. County:	Lea

4. Operator Name:		API NUMBER	
Ray Westall		30-025-20597	
5. Address of Operator:			
PO Box 4 Loco Hills NM 88255			
7. Lease name or Unit Agreement Name:		7. Well No.	
TP State		1	
8. Well Location			
Unit Letter	A	: 660 feet from the	N line and 660 feet from the E line
Section	16	Township	18s Range 34e NMPM
9. Completion Date:		11. Perfs	
7/3/01		top	
		9221	
10. Name of Producing Formation:		12. Open Hole casing shoe	
Bone Spring		PBTD or TD	
14. C-123 Filed:		15. Name of Pool Requested:	
		West Vacuum Bone Spring <61910>	
16. Remarks			
Ext			

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