	EKENCE SHEET FUK	·
UND	GNATED WELLS	<u>~</u>
	1. 1	Date: 11/15/00
		ype of Well:
		Oil Well Gas Well County;
	3.	Let
4. Operator Name:	0	API NUMBER
5. Address of Operator:	m Consultants In	30-025-35073
PD Box 1708 Hobbs NM 88241		
7. Lease name or Unit Agreement Name:		7. Well No.
8. Well Location I Init I etter P 900 See Second S 11 CO S		
0.1		
9. Completion Date:		
10/16/00	11. 1615	op bottom
10. Name of Producing Formation:	12. Open Hole c	(2495 (2518) asing shoe PBTD or, TD
Morrow		12575 / 12620
	ume of Pool Requested:	(29/9/ 1-020
N	orth Lusk M	lorrow <80808)
16. Remarks		\ _
Extend 5/2	I, J, K, L, m, N	7,0,7
TO BE COLON ETTED BY DISTRICT OF		
TO BE COMPLETED BY DISTRICT GEO 17. POOL NAME	DLOGIST	18. POOLID #
T. G. D		18. POOLID#
T S, R E	T S, R E	T S, R E
Sec	Sec	Sec
Sec	Sec	Sec
ll o		Sec
Sec	Sec	Sec
		Sec
Sec 19. ADVERTISED FOR HEARING:		
	Sec	Sec
19. ADVERTISED FOR HEARING: 21. Name of pool for which was advertised.	Sec	Sec
19. ADVERTISED FOR HEARING:	Sec	Sec