

## REFTRENCE SHEET FOR UNLESIGNATED WELLS

1. Date:	13/01	
2. Type of Well Oil Well	d: Gas Well	
3. County;	100	

4. Operator Name:		API NUMBER 30-025-35149			
5 Address of Operator		1 20 020 05111			
815 W. 10th Street Fort W	815 W. 10th Street Fort Worth TX 76102				
7. Lease name or Unit Agreement Name:  McElvain Federal	•	7. Well No.			
8. Well Location Unit Letter : 60 feet from the	line and 525 f	eet from theline			
Section 29 Township 185	Range 34e NMPM				
9. Completion Date:	11. Perfs top	bottom			
11/1/00	4482	4490			
10. Name of Producing Formation:	12. Open Hole casing shoe	PBTD or TD			
<i>Xueen</i>					
14. C-123 Filed: 15. Name of Pool Requested EK Vales	: - Seven Rivers	- Queen (19950)			
16. Remarks					
Extend					

TO B 17.	E COMPLETED BY POOL NAME	DISTRICT	GEOLOGIST				18. POOLID#	
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19. ADVERTISED FOR HEARING:	20. CASE'NUMBER:
21. Name of pool for which was advertised.	
21. Name of poor for which was advertised.	<del>.</del>
22a. Placed in Pool	22b. By order number