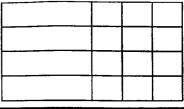


REFFENCE SHEET FOR UNDESIGNATED WELLS



1. Date: / (17/D)	
2. Type of Well: Oil Well Gas Well	
3. County; Lea	

4.	Operator Name: Trilogy Operating Inc		API NUMBER 3D - 025-35179
5.	Address of Operator:	LTX 79708	
7.	Lease name or Unit Agreement Name:	,	7. Well No.
8.	Well Location Unit Letter : 400 feet from the	5 line and 2310	_feet from theline
	Section 24 Township 195	Range 380 NMPM	444
9.	Completion Date:	11. Perfs top	bottom
	12/15/00	7290	7536
10.	Name of Producing Formation: Abo	12. Open Hole casing shoe	PBTD or TD
14.	C-123 Filed: 15. Name of Pool Requeste	d: Drinkard Abo	<u> </u>
16.	Remarks EX+		

TO BE 17. P	COMPLETED BY	DISTRICT (GEOLOGIST				18. POOLID#	,
T	COMPLETED BY OOL NAME S, R	E	Т	S, R	E	T	S, R	E
Sec			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