

REFE INCE SHEET FOR UNDESIGNATED WELLS

1. Date: 7/15/02	
2. Type of Well: Oil Well Gas Well	
3. County;	

4.	Operator Name: Read of Stevens Inc		API NUMBER 30-025-35847		
L	REUL 4 HEVENS INC		1 30 025 35 64 /		
5.	Address of Operator:				
	PD Box 1518 Roswell N	M 86202			
7.	Lease name or Unit Agreement Name:		7. Well No.		
	Klein 5]		
8.	Well Location	-1 . ^			
	Unit Letter : 2020 feet from the 5	line and $33D$	feet from theline		
ł	One Better 3				
	Section 5 Township 203	Range 3be NMPM			
9.	Completion Date:	11. Perfs top	bottom		
	7/4/02	10656	10680		
10.	Name of Producing Formation:	12. Open Hole casing shoe	PBTD or TD		
	Devonian				
14.	C-123 Filed: 15. Name of Pool Requeste	d:			
- ''					
	North Hands	Devonian	< 97155>		
16	16. Remarks				
10.	10. Remarks				
1	Ful 160 - TITHP 38/4				
	CXT IDDac DOD	1 7			
		· · · · · · · · · · · · · · · · · · ·	-		

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

19. ADVERTISED FOR HEARING:		20. CASE NUMBER:
21. Name of pool for which was advertised.		
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22a. Placed in Pool	·	22b. By order number
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