

REFERENCE SHEET FOR
UNDESIGNATED WELLS

1. Date:	12/23/02
2. Type of Well:	<input checked="" type="radio"/> Oil Well <input type="radio"/> Gas Well
3. County:	Lea

4. Operator Name:		API NUMBER	
Trilogy Operating Inc		30-025-35963	
5. Address of Operator:			
PO Box 7606 Midland Tx 79708			
7. Lease name or Unit Agreement Name:		7. Well No.	
Diamond		1	
8. Well Location			
Unit Letter F : 1650 feet from the N line and 1650 feet from the W line			
Section 24 Township 19S Range 38E NMPM			
9. Completion Date:		11. Perfs top bottom	
10/20/02		7371 7472	
10. Name of Producing Formation:		12. Open Hole casing shoe PBTD or TD	
Abo			
14. C-123 Filed:		15. Name of Pool Requested:	
		Nadine Drinkard Abo <47510>	
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	