REFF ENCE SHEET FOR	
UNDESIGNATED WELLS	
1. Date: 3/	F (V)
2. Type of Well:	
Oil Well	Gas Well
3. County;	2a
4. Operator Name: \(\text{C}	API NUMBER
4. Operation Name: Devon SFS Operating Inc	30-025-35243
5. Address of Operator: 20 N Broady)ax Ste 1500 Oklahoma (ity D	h 73102
7. Lease name or Unit Agreement Name:	7. Well No.
Outland State Unit	
8. Well Location Unit Letter P: 660 feet from the 5 line and 990	_feet from theline
Section [Township 2/5 Range 34@ NMPM	
9. Completion Date:	bottom
2/3/1/ 12756	12840
10. Name of Producing Formation: 12. Open Hole casing shoe	PBTD or TD
Morrow	
14. C-123 Filed: 15. Name of Pool Requested:	/
Wilson Morrow	< 87460>
16. Remarks	\0.0
Ext 320ac 5/2 JKLR	nnop
TO BE COMPLETED BY DISTRICT GEOLOGIST	10 7007 10 #
TO BE COMPLETED BY DISTRICT GEOLOGIST 17. POOL NAME	18. POOLID#
	S, R E
17. POOL NAME	
T S, R E T S, R E T	
17. POOL NAME T S, R E T S, R E T Sec Sec Sec Sec Sec	
17. POOL NAME T S, R E T S, R E T Sec Sec Sec Sec Sec Sec Sec Sec Sec Sec	S, R E
17. POOL NAME T S, R E T S, R E T Sec Sec Sec Sec Sec Sec Sec Sec Sec Sec	
17. POOL NAME T S, R E T S, R E T Sec Sec Sec Sec Sec Sec Sec Sec Sec Sec Sec Sec Sec	S, R E
17. POOL NAME T S, R E T S, R E T Sec Sec Sec Sec Sec Sec Sec Sec Sec Sec Sec Sec Sec	S, R E