

REFI 3NCE SHEET FOR UNDESIGNATED WELLS

1. Date: $11/26/01$
2. Type of Well: Oil Well Gas Well
3. County;
 API NUMBER

4. Operator Name:		API NUMBER		
Devon SFS Operating Inc		30-025-35441		
5. Address of Operator:	•			
00 1 0 1 / 1 200 /		Q_{1}		
20 N Broadway Suite 1500 B	Klahama Lity 6	74 73102 7. Well No.		
7. Lease name or Unit Agreement Name:		7. Well No.		
Butland State Unit				
8 Well Location A	1 .010			
Unit Letter K : 1981/feet from the	\leq line and 1980	feet from theline		
,	~ 1.			
Section Township 2 5	Range 34ρ NMPM	<u></u>		
9. Completion Date:	11. Perfs top	bottom		
9. Completion Date:	11. Perfs top	bottom 12987		
6/27/01		bottom 12737 PBTD or TD		
10. Name of Producing Formation:	12740	12987		
6/27/01	12740	12987		
10. Name of Producing Formation:	12740 12. Open Hole casing shoe	12987		
10. Name of Producing Formation: 14. C-123 Filed: 15. Name of Pool Requested	12740 12. Open Hole casing shoe	12987		
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	BE COMPLETED BY POOL NAME	DISTRICT	GEOLOGIST				18. POOLID#	
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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