

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator Name and Address Chevron U. S. A., Inc. P. O. Box 1150 Midland, TX 79702		² OGRID Number 4323
³ Reason for Filing Code New Gas POD's; Delete Previous Gas POD's		
⁴ API Number 30 - 025 - 04500	⁵ Pool Name Eunice Monument G-SA	⁶ Pool Code 23000
⁷ Property Code 2616	⁸ Property Name Eunice Monument South Unit	⁹ Well Number 254

II. ¹⁰ Surface Location

UI or Lot. No.	Section	Township	Range	Lot Idn.	Feet from the	North/South Line	Feet from the	East/West Line	County
U	05	21S	36E		660	South	660	West	Lea

¹¹ Bottom Hole Location

UI or Lot. No.	Section	Township	Range	Lot Idn.	Feet from the	North/South Line	Feet from the	East/West Line	County
¹² Lse Code S	¹³ Producing Method Code P	¹⁴ Gas Connection Date 2/1/92		¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date		¹⁷ C-129 Expiration Date		

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ POD	²¹ O/G	²² POD ULSTR Location and Description
022345	Texaco E&P	2815413	G	P-06-21S-36E
	P.O. Box 4325, Houston, TX 77210			
009171	GPM Corp.	2815414	G	P-6-21s-36e
	4001 Penbrook, Odessa, TX 79762			

IV. Produced Water

²³ POD	²⁴ POD ULSTR Location and Description

V. Well Completion Data

²⁵ Spud Date	²⁶ Ready Date	²⁷ TD	²⁸ PBDT	²⁹ Perforations
³⁰ Hole Size	³¹ Casing & Tubing Size	³² Depth Set	³³ Sacks Cement	

VI. Well Test Data

³⁴ Date New Oil	³⁵ Gas Delivery Date	³⁶ Test Date	³⁷ Test Length	³⁸ Tbg. Pressure	³⁹ Csg. Pressure
⁴⁰ Choke Size	⁴¹ Oil	⁴² Water	⁴³ Gas	⁴⁴ AOF	⁴⁵ Test Method

⁴⁶ I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: *J. K. Ripley*
Printed Name: **J. K. Ripley**

Title: **T.A.**

Date: **7/26/95** Phone: **(915)687-7148**

OIL CONSERVATION DIVISION
Approved by: **ORIGINAL SIGNATURE: JERRY SEXTON
DISTRICT IV DIVISION**
Title:
Approved Date: **7/26/95**

⁴⁷ If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date

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OFFICE