

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

☐ AMENDED REPORT

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 CG EFFECTIVE 7/1/98	
⁴ API Number 30-0 30-025-12186	⁵ Pool Name BRUNSON;DRINKARD-ABO, SOUTH		⁶ Pool Code 07900
⁷ Property Code 2566	⁸ Property Name T. R. ANDREWS		⁹ Well Number 5

II. ¹⁰Surface Location

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County
A	32	22S	38E		560	NORTH	660	EAST	LEA

¹¹ Bottom Hole Location

UL 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 12/14/61			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
138648	AMOCO PIPELINE - ICT	0707310	0	H-32-22S-38E
	15 EAST 5TH ST. TULSA, OK 74103			
024650	DYNEGY MIDSTREAM SERVICES, LP	0707330	G	H-32-22S-38E
	1000 LOUISIANA, SUITE 5800 HOUSTON, TX 77002-5050			

IV. Produced Water

<p>23 POD</p> <p>0707350</p>	<p>24 POD ULSTR Location and Description</p> <p>,</p>
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V. Well Completion Data

²⁵ Spud Date	²⁶ Ready Date	²⁷ TD	²⁸ PBTd	²⁹ Perforations	³⁰ DHC, DC, MC
³¹ Hole Size	³² Casing & Tubing Size	³³ Depth Set	³⁴ Sacks Cement		

VI. Well Test Data

³⁵ Date New Oil	³⁶ Gas Delivery Date	³⁷ Test Date	³⁸ Test Length	³⁹ Tbg. Pressure	⁴⁰ Csg. Pressure
⁴¹ Choke Size	⁴² Oil	⁴³ Water	⁴⁴ Gas	⁴⁵ AOF	⁴⁶ Test Method

47 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.		OIL CONSERVATION DIVISION	
Signature: <i>J. K. Ripley</i>		Approved by: <i>[Signature]</i>	
Printed name: J. K. RIPLEY		Title: <i>[Signature]</i>	
Title: TECHNICAL ASSISTANT		Approval Date: <i>[Signature]</i>	
Date: 10/13/98	Phone: (915)687-7148		

⁴⁸ 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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