

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 30-025-25056	⁵ Pool Name TUBB OIL & GAS (OIL)		⁶ Pool Code 60240
⁷ Property Code 2685	⁸ Property Name H. T. MATTERN (NCT-D)		⁹ Well Number 12

II. ¹⁰ Surface Location

UL or lot no. K	Section 6	Township 22S	Range 37E	Lot. Idn	Feet from the 2130	North/South Line SOUTH	Feet from the 1860	East/West line WEST	County LEA
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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 P	¹³ Producing Method Code P		¹⁴ Gas Connection Date 8/2/79		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
022628	TEXAS NEW MEXICO PIPELINE BOX 5568 T.A. DENVER, CO 80217	0712910	0	A-6-22S-37E
024650	DYNEGY MIDSTREAM SERVICES, LP 1000 LOUISIANA, SUITE 5800 HOUSTON, TX 77002-5050	0712930	G	A-6-22S-37E

IV. Produced Water

²³ POD 0712950	²⁴ POD ULSTR Location and Description
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V. Well Completion Data

²⁵ Spud Date	²⁶ Ready Date	²⁷ TD	²⁸ PBTB	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. Signature: <i>J. K. Ripley</i>		OIL CONSERVATION DIVISION Approved by: <i>[Signature]</i>	
Printed name: J. K. RIPLEY		Title: <i>[Signature]</i>	
Title: TECHNICAL ASSISTANT		Approval Date: <i>[Signature]</i>	
Date: 11/2/98	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