

CHEVRON U.S.A. INC.

Disposal/Injection Well
Pressure Test Report
New Mexico

1. LEASE NAME: EMSU
2. WELL NO: 108 WI
3. LOCATION: Unit G Sec 25 T 20S R 36E
4. COUNTY: LEA

5. REASON FOR TEST: Initial Test Prior to Injection
 After Workover
 Five Year Test
 Other (Specify) AFTER WORK OVER

6. DATE OF TEST: May 25th/1987

7. TEST PRESSURE:

Time	Tubing	Casing	Surface Casing
initial	<u>⊖</u>	<u>620#</u>	<u>⊖</u>
15 min.	<u>⊖</u>	<u>620#</u>	<u>⊖</u>
30 min.	<u>⊖</u>	<u>620#</u>	<u>⊖</u>
_____	_____	_____	_____
_____	_____	_____	_____

8. TEST WITNESSED BY OCD: Yes No
If Yes, Name of OCD Representative _____

9. OPERATOR COMMENTS ON TEST: _____

10. WELL STATUS:
 Active Temporarily Abandoned Other (Specify) W/O. INJ. LINE

11. CHEVRON REPRESENTATIVE: B. J. HORNER DRUG. REP.
Name Title
B. J. Horner
Signature