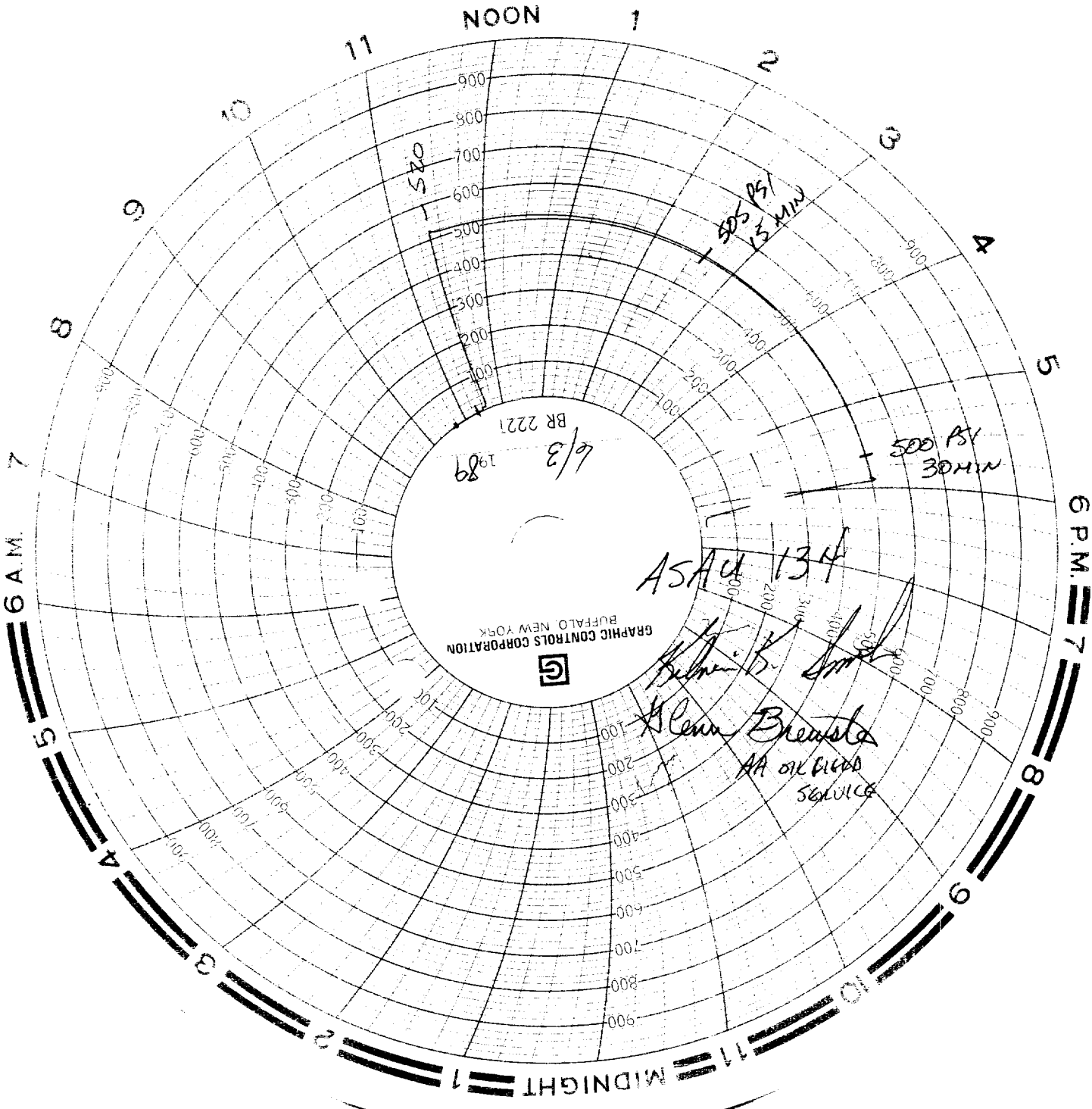




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CHEVRON U.S.A. INC.

DISPOSAL/INJECTION WELL
PRESSURE TEST REPORT
NEW MEXICO

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JUN 08 '89

O. C. D.
ARTESIA OFFICE

1. LEASE NAME: ASAU
2. WELL NO: 134
3. LOCATION: UNIT B SEC 15 T 18S R 26 E
4. COUNTY: EDDY
5. REASON FOR TEST: _____ INITIAL TEST PRIOR TO INJECTION
 _____ AFTER WORKOVER
 _____ FIVE YEAR TEST
X OTHER (SPECIFY) TA PRODUCER
6. DATE OF TEST: 6/3/89
7. TEST PRESSURE: TUBING IN WELLBORE 06

TIME	TUBING	CASING	SURFACE CASING
INITIAL	<u>520</u>	<u>520</u>	<u>OPEN</u>
15 MIN.	<u>505</u>	<u>505</u>	<u>OPEN</u>
30 MIN.	<u>500</u>	<u>500</u>	<u>OPEN</u>
_____	_____	_____	_____
_____	_____	_____	_____
8. TEST WITNESSED BY OCD: _____ YES X NO
 IF YES, NAME OF OCD REP. _____
9. OPERATOR COMMENTS ON TEST: NOTIFIED CAROL - OCD IN ARTESIA -
6/2/89 @ 3:00 PM
10. WELL STATUS:
 _____ ACTIVE X TEMPORARILY ABANDONED _____ OTHER (SPECIFY) _____
11. CHEVRON REPRESENTATIVE: Belvin K. Smith DRUG. REP
 NAME K. K. Smith TITLE
Belvin K. Smith
 SIGNATURE