

CHEVRON U.S.A. INC.

Disposal/Injection Well
Pressure Test Report
New Mexico

1. LEASE NAME: EMSU
2. WELL NO: 229 WF
3. LOCATION: Unit N Sec 4 T 215 R 36E
4. COUNTY: Lea
5. REASON FOR TEST: Initial Test Prior to Injection
 After Workover
 Five Year Test
 Other (Specify) _____
6. DATE OF TEST: 10-10-86
7. TEST PRESSURE:
- | Time | Tubing | Casing | Surface Casing |
|---------|----------|------------|----------------|
| initial | <u>0</u> | <u>600</u> | <u>0</u> |
| 15 min. | <u>0</u> | <u>605</u> | <u>0</u> |
| 30 min. | <u>0</u> | <u>620</u> | <u>0</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) _____
11. CHEVRON REPRESENTATIVE: G.D. Hutson Drlg Rep
Name Title
G.D. Hutson
Signature