

ATTENTION:
BONNIE AT OCD

FILED
DEC 10 8 10 AM '93
TUBING SIZE 2 3/8
PACKER SETTING DEPTH 3793
PERFS TOP & BOTTOM 3846 - 4166

CHEVRON U.S.A PRODUCTION CO.

DISPOSAL/INJECTION WELL
PRESSURE TEST REPORT
NEW MEXICO

1. LEASE NAME: EMSUB
2. WELL NO. 862 w.c
3. LOCATION: UNIT 1 SECTION 10 T 20-S R 36E
4. COUNTY: _____
5. REASON FOR TEST: _____ ☒ INITIAL TEST PRIOR TO INJECTION
_____ ☐ AFTER WORKOVER
_____ ☐ FIVE YEAR TEST
_____ ☐ OTHER (SPECIFY) _____
6. DATE OF TEST: 11-23-93
7. TEST PRESSURE:

	TIME:	TUBING	CASING	SURFACE CASING
INITIAL		<u>Open</u>	<u>340</u>	<u>Open</u>
15 MIN.		<u>Open</u>	<u>350</u>	<u>Open</u>
30 MIN.				

8. TEST WITNESSED BY OCD: _____ YES ☒ NO

IF YES, NAME OF OCD REP _____

9. OPERATOR COMMENT ON TEST: Set PKR w/ pump out plug Rel ON/OFF

Tool Circ PKR Fluid Engage ON/OFF too test ANN

10. WELL STATUS: _____ ACTIVE _____ TEMP ABANDON _____ OTHER (SPECIFY) WAIT ON INJ LINE

11. CHEVRON REPRESENTATIVE: B. E. Cone Workover Rep
NAME TITLE

Bobby E Cone
SIGNATURE