CHEVRON U.S.A. INC.

DISPOSAL/INJECTION WELL
PRESSURE TEST REPORT
NEW MEXICO

1. LEASE NAME: EMSUB
2. WELL NO.: 870
3. LOCATION: UNIT A SEC 14 T 20-S R 36-E
4. COUNTY: Lea
5. REASON FOR TEST: _____ INITIAL TEST PRIOR TO INJECTION
   X AFTER WORKOVER
   _____ FIVE YEAR TEST
   _____ OTHER (SPECIFY) _____
6. DATE OF TEST: 1-19-98
7. TEST PRESSURE:

TIME	TUBING	CASING	SURFACE CASING
INITIAL	Open	300	Open
15 MIN.	Open	300	Open
30 MIN.			

8. TEST WITNESSED BY OCD: ____ YES X NO
   IF YES, NAME OF OCD REP. _____
9. OPERATOR COMMENTS ON TEST: Sqz'd Perfs - 3610 - 3637' Acidize
10. WELL STATUS:
    X ACTIVE _____ TEMPORARILY ABANDONED _____ OTHER (SPECIFY) _____
11. CHEVRON REPRESENTATIVE: B. E. Cone Workover Rep.
    NAME TITLE
    Bobby E Cone
    SIGNATURE

Orginal to Sylvia