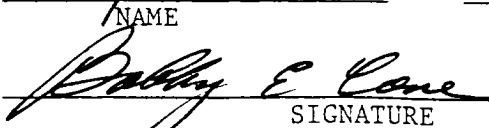


CHEVRON U.S.A. INC.

DISPOSAL/INJECTION WELL
PRESSURE TEST REPORT
NEW MEXICO

1. LEASE NAME: EMSU 13
2. WELL NO: 883
3. LOCATION: UNIT I SEC 14 T 20S 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: 10-23-91
7. TEST PRESSURE:

TIME	TUBING	CASING	SURFACE CASING
INITIAL	<u>open</u>	<u>300</u>	<u>open</u>
15 MIN.	<u>open</u>	<u>320</u>	<u>open</u>
30 MIN.	<u>open</u>	<u>330</u>	<u>open</u>
_____	_____	_____	_____
_____	_____	_____	_____
8. TEST WITNESSED BY OCD: ☐ YES ☒ NO
 IF YES, NAME OF OCD REP. _____
9. OPERATOR COMMENTS ON TEST: Blood Air off a few times + He-10ms
10. WELL STATUS: ☒ ACTIVE ☐ TEMPORARILY ABANDONED ☐ OTHER (SPECIFY) _____
11. CHEVRON REPRESENTATIVE: Bobby E Cone Drlg Rep

NAME

SIGNATURE

TITLE