ATTN:.Bonnie @ OCD

CHEVRON U.S.A. INC.

DISPOSAL/INJECTION WELL
PRESSURE TEST REPORT
NEW MEXICO

TUBING SIZE 2 3/8

PKR. SETTING DEPTH _____

PERFS TOP & BOTTOM _____

1. LEASE NAME: EMSUB
2. WELL NO: 877
3. LOCATION: UNIT ____ SEC 14 T 20S R 36E
4. COUNTY: Lea
5. REASON FOR TEST:
   - ____ INITIAL TEST PRIOR TO INJECTION
   - X AFTER WORKOVER
   - ____ FIVE YEAR TEST
   - ____ OTHER (SPECIFY) _____
6. DATE OF TEST: 1-5-92
7. TEST PRESSURE:

TIME	TUBING	CASING	SURFACE CASING
INITIAL	0	300	0
15 MIN.	0	300	0
30 MIN.	0	300	0

8. TEST WITNESSED BY OCD: ____YES _X_ NO
   IF YES, NAME OF OCD REP. _____
9. OPERATOR COMMENTS ON TEST: Good Test
10. WELL STATUS:
    _X_ ACTIVE ____TEMPORARILY ABANDONED ____OTHER (SPECIFY) _____
11. CHEVRON REPRESENTATIVE: David W. Craig (NAME) Drlg Rep (TITLE)

David W Craig
SIGNATURE