CHEVRON U.S.A. INC.

DISPOSAL/INJECTION WELL
PRESSURE TEST REPORT
NEW MEXICO

1. LEASE NAME: EMSUB
2. WELL NO: 874
3. LOCATION: UNIT A SEC 15 T 20-S R 36-E
4. COUNTY: LEA
5. REASON FOR TEST:
   - X INITIAL TEST PRIOR TO INJECTION
   - ____ AFTER WORKOVER
   - ____ FIVE YEAR TEST
   - ____ OTHER (SPECIFY) ____
6. DATE OF TEST: 11-30-93
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: Set Pkr Rel on/off tool Circ Pkr Fluid ND BOP NU Inj Head Engage on/off tool Test.
10. WELL STATUS:
    - X ACTIVE
    - ____ TEMPORARILY ABANDONED
    - ____ OTHER (SPECIFY) ____
11. CHEVRON REPRESENTATIVE: B. E. Cone (NAME) Workover Rep (TITLE)

Bobby E Cone
SIGNATURE