

ATTN: Bonnie @ OCD
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CASE
AREA

CHEVRON U.S.A. INC.

DISPOSAL/INJECTION WELL
PRESSURE TEST REPORT
NEW MEXICO

TUBING SIZE 2 3/8

PKR. SETTING DEPTH 3747

PERFS TOP & BOTTOM 3781-38

1. LEASE NAME: EMSUR
2. WELL NO: 901 WIC
3. LOCATION: UNIT SEC 23 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: 11-25-91
7. TEST PRESSURE:

TIME	TUBING	CASING	SURFACE CASING
INITIAL	<u>—</u>	<u>300</u>	<u>—</u>
15 MIN.	<u>—</u>	<u>300</u>	<u>—</u>
30 MIN.	<u>—</u>	<u>300</u>	<u>—</u>
	<u>—</u>	<u>—</u>	<u>—</u>
	<u>—</u>	<u>—</u>	<u>—</u>

8. TEST WITNESSED BY OCD: ☐ YES ☒ NO
IF YES, NAME OF OCD REP. _____
9. OPERATOR COMMENTS ON TEST: _____
10. WELL STATUS: ☒ ACTIVE ☐ TEMPORARILY ABANDONED ☐ OTHER (SPECIFY) _____
11. CHEVRON REPRESENTATIVE: D. R. GRIFFIN DRUG REP
NAME TITLE
O. R. H. 11
SIGNATURE