

CHEVRON U.S.A. PRODUCTION CO.

DISPOSAL / INJECTION WELL
PRESSURE TEST REPORT
NEW MEXICO

1. LEASE NAME: Eunice Monument South Unit
2. WELL NO. 104 WIC
3. LOCATION: UNIT: C SEC. 25 T 20 South R 36 East
4. COUNTY: Lea
5. REASON FOR TEST: ☒ INITIAL TEST PRIOR TO INJECTION.
☐ AFTER WORKOVER
☐ FIVE YEAR TEST
☒ OTHER (SPECIFY) Convert to Injector
6. DATE OF TEST: 9-22-92
7. TEST PRESSURE:

	TIME: TUBING	CASING	SURFACE CASING
INITIAL	0	320	
15 MIN.	0	320	
30 MIN.	0	320	

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: Nita Rice Technical Assistant
- NAME TITLE

Nita Rice
SIGNATURE