CHEVRON U.S.A. INC.

Disposal/Injection Well
Pressure Test Report
New Mexico

1. LEASE NAME: EMSUB 879 WI

2. WELL NO: 879 WI

3. LOCATION: Unit E Sec 13 T 20S R 36E

4. COUNTY: Lea Co

5. REASON FOR TEST: ☑ Initial Test Prior to Injection
☐ After Workover
☐ Five Year Test
☐ Other (Specify) _____

6. DATE OF TEST: 3-23-91

7. TEST PRESSURE:

Time	Tubing	Casing	Surface Casing
initial	Ø	756	Ø
15 min.	Ø	756	Ø
30 min.	Ø	750	Ø

8. TEST WITNESSED BY OCD: ☐ Yes ☑ No
If Yes, Name of OCD Representative _____

9. OPERATOR COMMENTS ON TEST: _____

10. WELL STATUS:

☐ Active ☐ Temporarily Abandoned ☑ Other (Specify) Pending INJ line Hook up.

11. CHEVRON REPRESENTATIVE: GD. HUTSON (Name) Only Rep (Title)

[signature] (Signature)