CHEVRON U.S.A. INC.

Disposal/Injection Well
Pressure Test Report
New Mexico

1. LEASE NAME: EMSU

2. WELL NO: #176

3. LOCATION: Unit O Sec 32 T 20S R 37E

4. COUNTY: Lea

5. REASON FOR TEST: [X] Initial Test Prior to Injection
   [ ] After Workover
   [ ] Five Year Test
   [X] Other (Specify) TBG inspection

6. DATE OF TEST: 8-2-87

7. TEST PRESSURE:

Time	Tubing	Casing	Surface Casing
initial	~~0~~	630	~~0~~
15 min.	~~0~~	600	
30 min.	~~0~~	570	

8. TEST WITNESSED BY OCD: [ ] Yes [X] No
   If Yes, Name of OCD Representative _____

9. OPERATOR COMMENTS ON TEST: 7" Baker TSN-2 @
   PKR FL = 2% KCL in FW w/ 1gal/20 BBLs Nalco 3900

10. WELL STATUS:
    [X] Active [ ] Temporarily Abandoned [ ] Other (Specify) _____

11. CHEVRON REPRESENTATIVE: Davey PD Jones (Name) Drlg. Rep. (Title)

Davey PD Jones
Signature