CHEVRON U.S.A. INC.

DISPOSAL/INJECTION WELL
PRESSURE TEST REPORT
NEW MEXICO

1. LEASE NAME: A G U

2. WELL NO: 171 WIC

3. LOCATION: UNIT ____ SEC 2 T 22-S R 36E

4. COUNTY: Lea

5. REASON FOR TEST:
   ____ INITIAL TEST PRIOR TO INJECTION
   ____ AFTER WORKOVER
   ____ FIVE YEAR TEST
   X OTHER (SPECIFY) Fish WL Tools

6. DATE OF TEST: 4-13-93

7. TEST PRESSURE:

TIME	TUBING	CASING	SURFACE CASING
INITIAL	~~Open~~	400	Ø
15 MIN.	Open	400	Ø
30 MIN.	Open	400	Ø

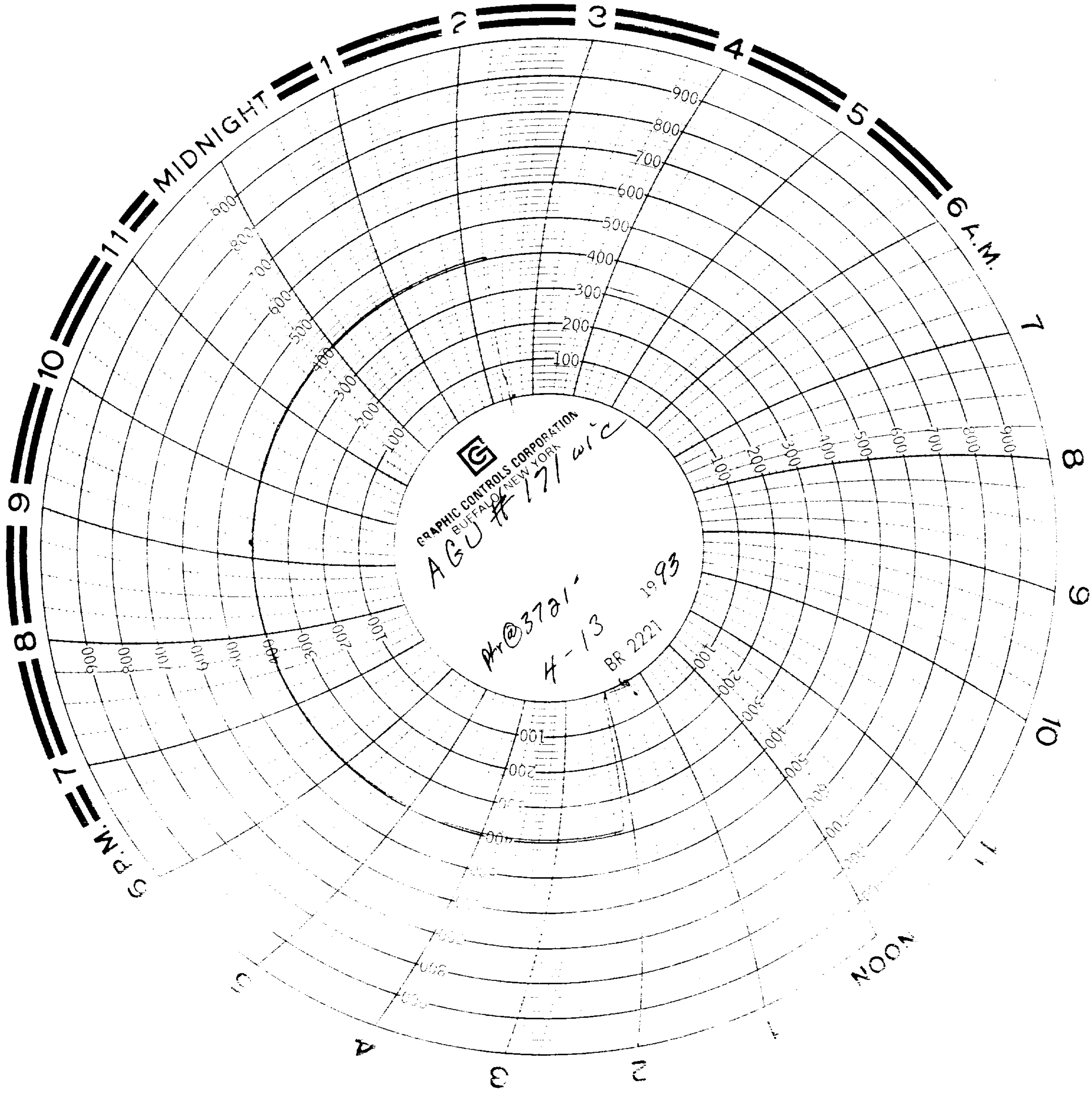
8. TEST WITNESSED BY OCD: ____YES X NO
   IF YES, NAME OF OCD REP.____

9. OPERATOR COMMENTS ON TEST: Set Pkr Rel on+off Tool Circ Pkr Fluid Engage on+off tool Test Pkr + Csg Pkr @ 3721'

10. WELL STATUS:
    X ACTIVE ____TEMPORARILY ABANDONED ____OTHER (SPECIFY)____

11. CHEVRON REPRESENTATIVE: B.E. Cone (NAME) Workover Rep (TITLE)

Bobby E Cone (SIGNATURE)


GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
AGU # 171 w/c
Hr@3721'
4-13 1993
BR 2221
MIDNIGHT
6 A.M.
NOON
6 P.M.