ATTN: Bonnie @ OCD

TUBING SIZE _____

CHEVRON U.S.A. INC.

PKR. SETTING DEPTH _____

DISPOSAL/INJECTION WELL
PRESSURE TEST REPORT
NEW MEXICO

PERFS TOP & BOTTOM _____

1. LEASE NAME: EMSU #239-WIW
2. WELL NO: 239-WIW
3. LOCATION: UNIT ____ SEC 4 T 21S 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: 12-22-91
7. TEST PRESSURE:

TIME	TUBING	CASING	SURFACE CASING
INITIAL	590	0	0
15 MIN.	590	0	0
30 MIN.	590	0	0
35	590	0	0

8. TEST WITNESSED BY OCD: ____ YES ✓ NO
   IF YES, NAME OF OCD REP. _____
9. OPERATOR COMMENTS ON TEST: 1ST TEST INTERERED BY HITTING CHART BOX. RE-STARTED TEST. GOOD TEST
10. WELL STATUS:
    ✓ ACTIVE ____ TEMPORARILY ABANDONED ____ OTHER (SPECIFY) _____
11. CHEVRON REPRESENTATIVE: ROEL N. GALVAN (NAME) DRILLING REP (TITLE)

Roel N. Galvan
SIGNATURE

NOON
1
2
3
4
5
6 P.M.
7
8
9
10
11
MIDNIGHT
1
2
3
4
5
6 A.M.
7
8
9
10
11
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