CHEVRON U.S.A. INC.

Disposal/Injection Well
Pressure Test Report
New Mexico

1. LEASE NAME: EMSU

2. WELL NO: 239 W1

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: 8/1/86

7. TEST PRESSURE:

Time	Tubing	Casing	Surface Casing
initial	"0"	620	OPEN
15 min.	"0"	590	OPEN
30 min.	"0"	560	OPEN

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

9. OPERATOR COMMENTS ON TEST: BONNIE (NMOCD) NOTIFIED @ 0845
JACK GRIFFIN ON LOCATION PRIOR TO TEST

10. WELL STATUS:
☐ Active ☐ Temporarily Abandoned ☒ Other (Specify) WAIT TO BE PUT ON LINE

11. CHEVRON REPRESENTATIVE: K K SMITH (Name) DRLG REP (Title)

K. K. Smith
Signature