CHEVRON U.S.A. INC.

DISPOSAL/INJECTION WELL
PRESSURE TEST REPORT
NEW MEXICO

1. LEASE NAME: Eunice Monument South Unit
2. WELL NO: 203
3. LOCATION: UNIT H SEC 4 T 21S R 36E
4. COUNTY: Lea
5. REASON FOR TEST:
   - ____ INITIAL TEST PRIOR TO INJECTION
   - X AFTER WORKOVER
   - ____ FIVE YEAR TEST
   - ____ OTHER (SPECIFY) ____
6. DATE OF TEST: 11/10/95
7. TEST PRESSURE:

TIME	TUBING	CASING	SURFACE CASING
INITIAL	0	375	0
15 MIN.	0	375	0
30 MIN.	0	375	0

8. TEST WITNESSED BY OCD: ____ YES X NO
   IF YES, NAME OF OCD REP: ____
9. OPERATOR COMMENTS ON TEST: ____
10. WELL STATUS: X ACTIVE ____ TEMP ABANDONED
    ____ OTHER(SPECIFY) ____
11. CHEVRON REPRESENTATIVE: L.P. Walker (NAME), WO Rep (TITLE)
    Wendell Taylor for LPW
    SIGNATURE