

CHEVRON U.S.A. INC.

DISPOSAL/INJECTION WELL
PRESSURE TEST REPORT
NEW MEXICO

1. LEASE NAME: EMSU
2. WELL NO: 181
3. LOCATION: UNIT B SEC 4 T 21-S R 36-E
4. COUNTY: Lea
5. REASON FOR TEST: ☐ INITIAL TEST PRIOR TO INJECTION
☒ AFTER WORKOVER
☐ FIVE YEAR TEST
☐ OTHER (SPECIFY) _____
6. DATE OF TEST: 11-1-95
7. TEST PRESSURE:

TIME	TUBING	CASING	SURFACE CASING
INITIAL	<u>OPEN</u>	<u>300</u>	<u>OPEN</u>
15 MIN.	<u>OPEN</u>	<u>300</u>	<u>OPEN</u>
30 MIN.	<u>OPEN</u>	<u>300</u>	<u>OPEN</u>
_____	_____	_____	_____
_____	_____	_____	_____
8. TEST WITNESSED BY OCD: ☐ YES ☒ NO
 IF YES, NAME OF OCD REP. _____
9. OPERATOR COMMENTS ON TEST: _____
10. WELL STATUS: ☒ ACTIVE ☐ TEMPORARILY ABANDONED ☐ OTHER (SPECIFY) _____
11. CHEVRON REPRESENTATIVE: B.E. Cone Workover Rep
 NAME TITLE
Bobby E Cone
 SIGNATURE