CHEVRON U.S.A. INC.

Disposal/Injection Well
Pressure Test Report
New Mexico

1. LEASE NAME: EMSU

2. WELL NO: 183 WI

3. LOCATION: Unit D 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: 9-30-89

7. TEST PRESSURE:

Time	Tubing	Casing	Surface Casing
initial	0	620	0
15 min.	0	600	0
30 min.	0	580	0

8. TEST WITNESSED BY OCD: [ ] Yes [X] No
If Yes, Name of OCD Representative _____

9. OPERATOR COMMENTS ON TEST: 5½" Baker TSN-1 PKR @ 3572', PKR FLU = 8.6
CBW 1 gal/16 BBls Nalco 3900 & 1 gal/30 BBls Nalco 3801

10. WELL STATUS:
[X] Active [ ] Temporarily Abandoned [ ] Other (Specify) _____

11. CHEVRON REPRESENTATIVE: D.P.D. Jones (Name) Drlg. Rep. (Title)

D P D Jones
Signature