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 _____ Sec 4 T 21-S R 36-E

4. COUNTY: Lea

5. REASON FOR TEST: [X] Initial Test Prior to Injection
   [ ] After Workover
   [ ] Five Year Test
   [ ] Other (Specify) _____

6. DATE OF TEST: 7-8-86

7. TEST PRESSURE:

Time	Tubing	Casing	Surface Casing
initial	0	580	0
15 min.	0	610	0
30 min.	0	680	0

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

9. OPERATOR COMMENTS ON TEST: Pressure increased on recorder.

10. WELL STATUS:

[ ] Active [ ] Temporarily Abandoned [X] Other (Specify) Prior to injection.

11. CHEVRON REPRESENTATIVE: Jim Dailey _____
    Name Title

    _____
    Signature