CHEVRON U.S.A. INC.

Disposal/Injection Well
Pressure Test Report
New Mexico

1. LEASE NAME: E.M.S.U.

2. WELL NO: 227 WI

3. LOCATION: Unit P Sec 5 T 21S R 36E

4. COUNTY: LEA

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

6. DATE OF TEST: 8/26/86

7. TEST PRESSURE:

Time	Tubing	Casing	Surface Casing
initial	0	600	0
15 min.	0	540	0
30 min.	0	540	0

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

9. OPERATOR COMMENTS ON TEST: _____

10. WELL STATUS:
    [ ] Active [ ] Temporarily Abandoned [X] Other (Specify) CONVERT TO INJECTOR

11. CHEVRON REPRESENTATIVE: W. S. SUTTON (Name) [signature] DRLG. REP. (Title)

W. S. Sutton
Signature