CHEVRON U.S.A. INC.

Disposal/Injection Well
Pressure Test Report
New Mexico

1. LEASE NAME: EMSU

2. WELL NO: 199 WI

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

4. COUNTY: Lea

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

6. DATE OF TEST: 8-5-86

7. TEST PRESSURE:

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

8. TEST WITNESSED BY OCD: ☐ Yes ☑ No
   If Yes, Name of OCD Representative _____

9. OPERATOR COMMENTS ON TEST: Tested OK on 1st attempt.

10. WELL STATUS:

☐ Active ☐ Temporarily Abandoned ☑ Other (Specify) Water flood not yet in operation

11. CHEVRON REPRESENTATIVE: James O. Daily (Name) Drlg Rep (Title)

Signature