CHEVRON U.S.A. INC.

Disposal/Injection Well
Pressure Test Report
New Mexico

1. LEASE NAME: EMSU

2. WELL NO: 187 WI

3. LOCATION: Unit D 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: 8-7-86

7. TEST PRESSURE:

Time	Tubing	Casing	Surface Casing
initial		300	
15 min.		300	
30 min.		300	

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

9. OPERATOR COMMENTS ON TEST: Had csg leak (1306-1316). Recd OCD approval from Jerry Sexton 7:30am 8-7-86 to test to 300psi. instead of 600psi.

10. WELL STATUS:
[ ] Active [ ] Temporarily Abandoned [X] Other (Specify) To be hooked up to injector system.

11. CHEVRON REPRESENTATIVE: Bob Barton (Name) Drlg Rep (Title)

Bob Barton
Signature