

CHEVRON U.S.A. INC.

Disposal/Injection Well
Pressure Test Report
New Mexico

1. LEASE NAME: EM54
2. WELL NO: 243 W1
3. LOCATION: Unit _____ Sec 5 T 21S 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: 8/17/86

7. TEST PRESSURE:

Time	Tubing	Casing	Surface Casing
initial	<u>OPEN</u>	<u>610</u>	<u>OPEN</u>
15 min.	<u>↓</u>	<u>630</u>	<u>↓</u>
30 min.	<u>↓</u>	<u>640</u>	<u>↓</u>
_____	_____	_____	_____
_____	_____	_____	_____

8. TEST WITNESSED BY OCD: ☐ Yes ☒ No

If Yes, Name of OCD Representative _____

9. OPERATOR COMMENTS ON TEST: _____

10. WELL STATUS:

☐ Active ☐ Temporarily Abandoned ☒ Other (Specify) AWAITING IN. HOOKUP

11. CHEVRON REPRESENTATIVE: KK SMITH

Name

DRILL REP.

Title

Kelvin K. Smith

Signature