CHEVRON U.S.A. INC.

DISPOSAL/INJECTION WELL
PRESSURE TEST REPORT
NEW MEXICO

1. LEASE NAME: EMSU

2. WELL NO: 251

3. LOCATION: UNIT V SEC 6 T 21-S R 36-E

4. COUNTY: Lea

5. REASON FOR TEST:
   ____ INITIAL TEST PRIOR TO INJECTION
   _X_ AFTER WORKOVER
   ____ FIVE YEAR TEST
   ____ OTHER (SPECIFY)____

6. DATE OF TEST: 2-6-97

7. TEST PRESSURE:

TIME	TUBING	CASING	SURFACE CASING
INITIAL	OPEN	300	
15 MIN.	OPEN	310	
30 MIN.			

8. TEST WITNESSED BY OCD: ____YES _X_ NO
   IF YES, NAME OF OCD REP.____

9. OPERATOR COMMENTS ON TEST: Sqz 3796 to 3865 Set Guiberson GH PKr @ 3749

10. WELL STATUS:
    _X_ ACTIVE ____TEMPORARILY ABANDONED ____OTHER (SPECIFY)____

11. CHEVRON REPRESENTATIVE: B.E. Cone ____ Workover Rep.
    NAME TITLE

Bobby E Cone
SIGNATURE