

CHEVRON U.S.A. INC.

Disposal/Injection Well
Pressure Test Report
New Mexico

1. LEASE NAME: EMSY

2. WELL NO: 324 W1

3. LOCATION: Unit _____ Sec 8 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: 8/17/1986

7. TEST PRESSURE:

	Time	Tubing	Casing	Surface Casing
	initial	<u>OPEN</u>	<u>590</u>	<u>OPEN</u>
	15 min.	<u>↓</u>	<u>615</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 INJ. HOOKUP

11. CHEVRON REPRESENTATIVE: KK SMITH DRILL REP.
Name Title
Kelvin K. Smith
Signature