

CHEVRON U.S.A. INC.

Disposal/Injection Well
Pressure Test Report
New Mexico

1. LEASE NAME: Eunice Monument South Unit
2. WELL NO: 336 WI
3. LOCATION: Unit N 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: 10/3/86
7. TEST PRESSURE:

Time	Tubing	Casing	Surface Casing
initial	<u>0</u>	<u>590</u>	<u>0</u>
15 min.	<u>0</u>	<u>595</u>	<u>0</u>
30 min.	<u>0</u>	<u>600</u>	<u>0</u>
_____	_____	_____	_____
_____	_____	_____	_____
8. TEST WITNESSED BY OCD: ☐ Yes ☒ No
 If Yes, Name of OCD Representative _____
9. OPERATOR COMMENTS ON TEST: Notified OCD @ 9:00 am by phone
10. WELL STATUS:

☐ Active ☐ Temporarily Abandoned ☒ Other (Specify) Inactive inj. waiting f/ hook
11. CHEVRON REPRESENTATIVE: James Prementine Dr. Rep
 Name Title
James Prementine
 Signature