CHEVRON U.S.A. INC.

Disposal/Injection Well
Pressure Test Report
New Mexico

1. LEASE NAME: EMSU

2. WELL NO: #-326 WI

3. LOCATION: Unit L Sec 8 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: 10-10-86

7. TEST PRESSURE:

Time	Tubing	Casing	Surface Casing
initial	0	585#	0
15 min.	0	590#	0
30 min.	0	600#	0

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

9. OPERATOR COMMENTS ON TEST: _____

10. WELL STATUS:

[ ] Active [ ] Temporarily Abandoned [X] Other (Specify) Waiting on INJ. Station Completion

11. CHEVRON REPRESENTATIVE: B.J. HORNER (Name) Drlg. Rep. (Title)

B.J. Horner
Signature