

CHEVRON U.S.A. INC.

Disposal/Injection Well  
Pressure Test Report  
New Mexico

1. LEASE NAME: EMSL 299
2. WELL NO: 299 WT
3. LOCATION: Unit F Sec 9 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: 10-10-86

7. TEST PRESSURE:

	Time	Tubing	Casing	Surface Casing
	initial	<u>6</u>	<u>600</u>	<u>6</u>
	15 min.	<u>6</u>	<u>600</u>	<u>6</u>
	30 min.	<u>6</u>	<u>610</u>	<u>6</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) \_\_\_\_\_

11. CHEVRON REPRESENTATIVE: G.D. Hutson Dr. Rep  
 Name Title

G.D. Hutson  
 Signature