CHEVRON U.S.A. INC.

DISPOSAL/INJECTION WELL
PRESSURE TEST REPORT
NEW MEXICO

1. LEASE NAME: EMSU
2. WELL NO.: 305
3. LOCATION: UNIT H SEC 10 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: 11-2-98
7. TEST PRESSURE:

TIME	TUBING	CASING	SURFACE CASING
INITIAL	Open	400	Open
15 MIN.	Open	350	Open
30 MIN.	____	____	____
____	____	____	____
____	____	____	____

8. TEST WITNESSED BY OCD: ____ YES X NO
   IF YES, NAME OF OCD REP. ____
9. OPERATOR COMMENTS ON TEST: ____
10. WELL STATUS:
    X ACTIVE ____ TEMPORARILY ABANDONED ____ OTHER (SPECIFY) ____
11. CHEVRON REPRESENTATIVE: B. E. Cone (NAME) Workover Rep (TITLE)

Bobby E Cone
SIGNATURE