

CHEVRON U.S.A. INC.

Disposal/Injection Well  
Pressure Test Report  
New Mexico

1. LEASE NAME: EMSU  
2. WELL NO: H-422 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: 9-30-86

7. TEST PRESSURE:

Time	Tubing	Casing	Surface Casing
initial	<u>0</u>	<u>580<sup>#</sup></u>	<u>0</u>
15 min.	<u>0</u>	<u>580<sup>#</sup></u>	<u>0</u>
30 min.	<u>0</u>	<u>580<sup>#</sup></u>	<u>0</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:

J. F. HORNER  
Name

DRLG. Rep.  
Title

J. F. Horner  
Signature