CHEVRON U.S.A. INC.

DISPOSAL/INJECTION WELL
PRESSURE TEST REPORT
NEW MEXICO

1. LEASE NAME: Eunice Monument South Unit
2. WELL NO: 362
3. LOCATION: UNIT B SEC 16 T 21S R 36E
4. COUNTY: Lea
5. REASON FOR TEST:
   - ____ INITIAL TEST PRIOR TO INJECTION
   - X AFTER WORKOVER
   - ____ FIVE YEAR TEST
   - ____ OTHER (SPECIFY) ____
6. DATE OF TEST: 12/14/95
7. TEST PRESSURE:

TIME	TUBING	CASING	SURFACE CASING
INITIAL	0	505	0
15 MIN.	0	500	0
30 MIN.	0	485	0

8. TEST WITNESSED BY OCD: ____YES X NO
   IF YES, NAME OF OCD REP: ____
9. OPERATOR COMMENTS ON TEST: ____
10. WELL STATUS: X ACTIVE ____TEMP ABANDONED
    ____OTHER(SPECIFY)____
11. CHEVRON REPRESENTATIVE: DL Lovell (NAME) WO Rep (TITLE)
    Wendell Taylor for DLL
    SIGNATURE