CHEVRON U.S.A. INC.

Disposal/Injection Well
Pressure Test Report
New Mexico

1. LEASE NAME: EMSU

2. WELL NO: #- 378 WI

3. LOCATION: Unit F Sec 17 T 21 S R 36 E

4. COUNTY: LEA

5. REASON FOR TEST: [X] Initial Test Prior to Injection
   [ ] After Workover
   [ ] Five Year Test
   [ ] Other (Specify) _____

6. DATE OF TEST: 10-11th-86

7. TEST PRESSURE:

Time	Tubing	Casing	Surface Casing
initial	⊖	620#	⊖
15 min.	⊖	640#	⊖
30 min.	⊖	655#	⊖

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 Completion of INJ. STATION

11. CHEVRON REPRESENTATIVE: B.J. HORNER (Name) Dstg. Engr. (Title)

B.J. Horner
(Signature)