CHEVRON U.S.A. INC.

Disposal/Injection Well
Pressure Test Report
New Mexico

1. LEASE NAME: EMSU #
2. WELL NO: #404 WI
3. LOCATION: Unit L Sec 16 T 21S R 36E
4. COUNTY: Lea
5. REASON FOR TEST: [X] Initial Test Prior to Injection
   [ ] After Workover
   [ ] Five Year Test
   [ ] Other (Specify) _____
6. DATE OF TEST: 10-5-86
7. TEST PRESSURE:

Time	Tubing	Casing	Surface Casing
initial	0	600	~~0~~
15 min.	~~0~~	615	~~0~~
30 min.	~~0~~	630	~~0~~

8. TEST WITNESSED BY OCD: [ ] Yes [ ] No
   If Yes, Name of OCD Representative _____
9. OPERATOR COMMENTS ON TEST: 7" Baker TSN @ 3718'
   FW w/2% KCL + KW 37 + Oxygen scavenger
10. WELL STATUS:
    [ ] Active [ ] Temporarily Abandoned [X] Other (Specify) inActive
11. CHEVRON REPRESENTATIVE: Davey PD Jones (Name) Drlg Rep. (Title)

Davey PD Jones
Signature