CHEVRON U.S.A. INC.

Disposal/Injection Well
Pressure Test Report
New Mexico

1. LEASE NAME: EMSU

2. WELL NO: 368 WI

3. LOCATION: Unit D Sec 17 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: 10-1-86

7. TEST PRESSURE:

Time	Tubing	Casing	Surface Casing
initial	0	600	0
15 min.	0	620	0
30 min.	0	630	0

8. TEST WITNESSED BY OCD: [ ] Yes [X] No
If Yes, Name of OCD Representative ______

9. OPERATOR COMMENTS ON TEST: Baker 7" TSN set @ 3666'
PKR. Fluid 2% KCl in FW w/ 1% Tret-o-lite KW 132

10. WELL STATUS:

[ ] Active [ ] Temporarily Abandoned [X] Other (Specify) inactive

11. CHEVRON REPRESENTATIVE: D.P.D. Jones (Name) Drlg. Rep. (Title)

Davey P.D. Jones
Signature