CHEVRON U.S.A. INC.

Disposal/Injection Well
Pressure Test Report
New Mexico

1. LEASE NAME: EMSU

2. WELL NO: 255 WI

3. LOCATION: Unit V Sec 5 T 21S R 36E

4. COUNTY: Lea

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

6. DATE OF TEST: 10/7/86

7. TEST PRESSURE:

Time	Tubing	Casing	Surface Casing
initial	0	600	0
15 min.		630	
30 min.		660	

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

9. OPERATOR COMMENTS ON TEST: Notified OCD, 10/7/86 @ 1:30 pm - Spoke w/ Bonny

10. WELL STATUS:

[ ] Active [ ] Temporarily Abandoned [V] Other (Specify) Inactive waiting S/hookup

11. CHEVRON REPRESENTATIVE: James Rementine (Name) Drlg Rep (Title)

James Rementine
Signature