CHEVRON U.S.A. INC.

Disposal/Injection Well
Pressure Test Report
New Mexico

1. LEASE NAME: E.M.S.U.

2. WELL NO: 338 W.I.

3. LOCATION: Unit _____ Sec 8 T 21-S R 36 E

4. COUNTY: LEA COUNTY

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

6. DATE OF TEST: 5/31/86

7. TEST PRESSURE:

Time	Tubing	Casing	Surface Casing
initial	0	580	0
15 min.	0	500	0
30 min.	0	500	0

8. TEST WITNESSED BY OCD: ☐ Yes ☒ No
If Yes, Name of OCD Representative _____

9. OPERATOR COMMENTS ON TEST: PUMP PKR FLUID W/ TRETOLITE KT-132

10. WELL STATUS:

☒ Active ☐ Temporarily Abandoned ☐ Other (Specify) _____

11. CHEVRON REPRESENTATIVE: W. S. SUTTON (Name) · ORLG. REP. (Title)

W. S Sutton
Signature