CHEVRON U.S.A. INC.

Disposal/Injection Well
Pressure Test Report
New Mexico

1. LEASE NAME: EMSU 225 WI

2. WELL NO: 225

3. LOCATION: Unit N Sec 5 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: 7-6-86

7. TEST PRESSURE:

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

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

9. OPERATOR COMMENTS ON TEST: No leak off

10. WELL STATUS:

[ ] Active [ ] Temporarily Abandoned [X] Other (Specify) Shut in pending hook up.

11. CHEVRON REPRESENTATIVE: Jim Dailey — Name; Drlg Rep — Title

Signature