CHEVRON U.S.A. INC.

DISPOSAL/INJECTION WELL
PRESSURE TEST REPORT
NEW MEXICO

1. LEASE NAME: EMSU
2. WELL NO.: 217
3. LOCATION: UNIT _____ SEC 6 T 21-S R 36-E
4. COUNTY: Lea
5. REASON FOR TEST: _____ INITIAL TEST PRIOR TO INJECTION
   X AFTER WORKOVER
   _____ FIVE YEAR TEST
   _____ OTHER (SPECIFY) _____
6. DATE OF TEST: 12-30-98
7. TEST PRESSURE:

TIME	TUBING	CASING	SURFACE CASING
INITIAL	open	380	open
15 MIN.	open	400	open
30 MIN.			

8. TEST WITNESSED BY OCD: ____ YES X NO
   IF YES, NAME OF OCD REP. _____
9. OPERATOR COMMENTS ON TEST: RAN 110 Ft. Polybore Liner 3780 TO 3890
10. WELL STATUS:
    X ACTIVE _____ TEMPORARILY ABANDONED _____ OTHER (SPECIFY) _____
11. CHEVRON REPRESENTATIVE: B. E. Cone (NAME) Workover Rep (TITLE)

Bobby E Cone
SIGNATURE