CHEVRON U.S.A. INC.

Disposal/Injection Well
Pressure Test Report
New Mexico

1. LEASE NAME: EMSU

2. WELL NO: #217 WI

3. LOCATION: Unit _____ Sec 6 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: 8-21-87

7. TEST PRESSURE:

Time	Tubing	Casing	Surface Casing
initial	✓	620	✓
15 min.	✓	610	✓
30 min.	✓	600	✓

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

9. OPERATOR COMMENTS ON TEST: 5½" Baker TSN-2 @ 3695'
   PKR FL = 2% KCL sn FW w/ 1 gal/20 BBls Nalco 3900

10. WELL STATUS:
    [ ] Active [ ] Temporarily Abandoned [X] Other (Specify) inactive

11. CHEVRON REPRESENTATIVE: Davey PD Jones (Name) Drlg. Rep. (Title)

Davey PD Jones
Signature