

CHEVRON U.S.A. INC.

DISPOSAL/INJECTION WELL
PRESSURE TEST REPORT
NEW MEXICO

1. LEASE NAME: Arrowhead Grayburg UNIT

2. WELL NO: # 327 W1

3. LOCATION: UNIT _____ SEC 18 T 22S R 32E

4. COUNTY: Lea

5. REASON FOR TEST: ☒ INITIAL TEST PRIOR TO INJECTION

_____ AFTER WORKOVER

_____ FIVE YEAR TEST

_____ OTHER (SPECIFY) _____

6. DATE OF TEST: 8-26-92

7. TEST PRESSURE:

	TIME	TUBING	CASING	SURFACE CASING
INITIAL		<u>0</u>	<u>540</u>	<u>0</u>
15 MIN.		<u>0</u>	<u>540</u>	<u>0</u>
30 MIN.		<u>0</u>	<u>540</u>	<u>0</u>
_____		_____	_____	_____
_____		_____	_____	_____

8. TEST WITNESSED BY OCD: _____ YES ☒ NO

IF YES, NAME OF OCD REP. _____

9. OPERATOR COMMENTS ON TEST: _____

10. WELL STATUS:

☒ ACTIVE _____ TEMPORARILY ABANDONED _____ OTHER (SPECIFY) _____

11. CHEVRON REPRESENTATIVE: Joe Lumbue W.O. Rep.
NAME TITLE

Joe Lumbue
SIGNATURE

OK to chart to A

