

CHEVRON U.S.A. INC.

DISPOSAL/INJECTION WELL
PRESSURE TEST REPORT
NEW MEXICO

1. LEASE NAME: AGU 181
2. WELL NO: 181
3. LOCATION: UNIT _____ SEC 2 T 22 R 32
4. COUNTY: Lee
5. REASON FOR TEST: ☒ INITIAL TEST PRIOR TO INJECTION
☐ AFTER WORKOVER
☐ FIVE YEAR TEST
☐ OTHER (SPECIFY) _____
6. DATE OF TEST: 8/13/92
7. TEST PRESSURE:

TIME	TUBING	CASING	SURFACE CASING
INITIAL	_____	_____	<u>500</u>
15 MIN.	_____	_____	<u>500</u>
30 MIN.	_____	_____	<u>500</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: D.R. Jennings Production Specialist
NAME TITLE

D.R. Jennings
SIGNATURE