

SEP 11 2017

State of New Mexico  
Energy, Minerals and Natural Resources Department  
Oil Conservation Division Hobbs District Office

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Pogo</i>		API Number <i>30-025-35517</i>	
Property Name <i>Langlie JH</i>		Well No. <i>120</i>	

Surface Location

U/Lot <i>D</i>	Section <i>31</i>	Township <i>24S</i>	Range <i>37E</i>	Feet from <i>1100</i>	N/S Line <i>S</i>	Feet From <i>2365</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES	SHUT-IN YES	INJECTOR <i>INJ</i>	PRODUCER OIL	GAS	DATE <i>9/7/17</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>φ</i>			<i>φ</i>	<i>230</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <input type="checkbox"/>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <input checked="" type="checkbox"/>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <input type="checkbox"/>
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Waterflood if applies

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Signature: <i>K. Townsend</i>		OIL CONSERVATION DIVISION	
Printed name: <i>K. Townsend</i>		Entered into RBDMS	
Title: <i>Manager</i>		Re-test	
E-mail Address: <i>Kyle @ Pogo Resources. com</i>			
Date: <i>9/7/17</i>	Phone: <i>713-305-9886</i>		
Witness:			

INSTRUCTIONS ON BACK OF THIS FORM