

District I
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Phone: (575) 393-6161 Fax: (575) 393-0720

HOBBS OCD

APR 13 2018

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name Pogo Oil + Gas		API Number 30-025-23884
Property Name Langlie JAL Unit		Well No. #57

Surface Location									
UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County	
L	5	25S	37E	2030	S	810	W	LEA	

Well Status								DATE
TA'D WELL	SHUT-IN	INJECTOR	SWD	OIL	GAS			
YES	<input checked="" type="radio"/> NO	<input checked="" type="radio"/> YES	<input checked="" type="radio"/> INJ					4-9-18

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	0	N/A	N/A	0	0
Flow Characteristics					
Pull	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Y / N	Y / N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	CO2 ___
Steady Flow	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Y / N	Y / N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	WTR ___
Surges	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Y / N	Y / N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	GAS ___
Down to nothing	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Y / N	Y / N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Type of Fluid Injected for
Gas or Oil	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Y / N	Y / N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Waterflood if applies.
Water	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Y / N	Y / N	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	

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

Well shut in - disconnected

PASSED BHT

FAILED MIT RULE: 19.15.26.11

Signature: 	OIL CONSERVATION DIVISION
Printed name: Jimmie Reynolds	Entered into RBDMS
Title:	Re-test 
E-mail Address:	
Date:	
Phone:	
Witness: Gary Robinson	

INSTRUCTIONS ON BACK OF THIS FORM