

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

AUG 27 2014

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Morgan Operating Inc</i>	API Number <i>3002527770000</i> ✓
Property Name <i>Morris</i>	Well No. <i>2</i> ✓

7. Surface Location

UL - Lot	Section	Township	Range	✓	Feet from	N/S Line	Feet From	E/W Line	County
	<i>21</i>	<i>18</i>	<i>38</i>						<i>Lea</i>

Well Status

TA'D WELL YES <input type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN YES <input type="radio"/> NO <input checked="" type="radio"/>	INJECTOR INJ <input type="radio"/> SWD <input type="radio"/>	PRODUCER OIL <input checked="" type="radio"/> GAS <input type="radio"/>	DATE <i>8-18-2014</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	<i>-0-</i>			<i>10 #</i>	<i>10 #</i>
<u>Flow Characteristics</u>					
Puff	Y/N <input checked="" type="radio"/>	Y/N	Y/N	Y/N	CO2 ___
Steady Flow	Y/N <input checked="" type="radio"/>	Y/N	Y/N	<input checked="" type="radio"/> N	WTR ___
Surges	Y/N <input checked="" type="radio"/>	Y/N	Y/N	Y/N	GAS ___
Down to nothing	Y/N <input checked="" type="radio"/>	Y/N	Y/N	Y/N	Type of Fluid
Gas or Oil	Y/N <input checked="" type="radio"/>	Y/N	Y/N	Y/N	Injected for
Water	Y/N <input checked="" type="radio"/>	Y/N	Y/N	Y/N	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.

Opened surface casing valve (No pressure)

FOR RECORD ONLY

BS 9/3/2014

Signature: <i>Gary A Morgan</i>	OIL CONSERVATION DIVISION
Printed name: <i>Gary A Morgan</i>	Entered into RBDMS
Title: <i>Owner</i>	Re-test
E-mail Address: <i>macopinc@yahoo.com</i>	
Date: <i>8-18-14</i>	Phone: <i>575-631-4597</i>
Witness: <i>None</i>	

SEP 05 2014