

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

OCT 13 2015

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>Morgan Operations</i>	API Number <i>30-025-27777</i>
Property Name <i>Morris</i>	Well No. <i>2</i>

7. Surface Location

UL - Lot <i>K</i>	Section <i>21</i>	Township <i>18S</i>	Range <i>38E</i>	Feet from <i>2310</i>	N/S Line <i>N</i>	Feet From <i>430</i>	E/W Line <i>W</i>	County <i>LCA</i>
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Well Status

TA'D WELL YES ☐ NO ☒	SHUT-IN YES ☐ NO ☒	INJ ☐	INJECTOR ☐	SWD ☐	PRODUCER ☒	GAS ☐	DATE <i>10/9/15</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>N/A</i>	<i>N/A</i>	<i>12</i>	<i>12</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 ☐
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR ☐
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS ☐
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	

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

Signature: <i>Gary Morgan</i>	OIL CONSERVATION DIVISION	
Printed name: <i>Gary Morgan</i>	Entered into RBDMS	<i>66</i>
Title: <i>Owner</i>	Re-test	
E-mail Address:		
Date: <i>10/9/15</i>	Phone:	
Witness: <i>[Signature]</i>		

INSTRUCTIONS ON BACK OF THIS FORM

OCT 20 2015

into IR