

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Disposal	5. Lease Designation and Serial No. NM-26684
2. Name of Operator Orla Petco, Inc.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P. O. Box 1383, Midland, Texas 79702	7. If Unit or CA. Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 2310' FSL and 1650' FEL of Sec. 31, T-22-S, R-28-E, Eddy Co.	8. Well Name and No. Gourley Federal No. 4
	9. API Well No.
	10. Field and Pool, or Exploratory Area Herradura Bend (Delaware)
	11. County or Parish, State Eddy County, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

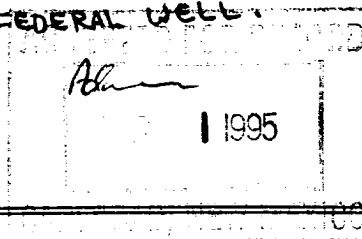
TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

- 1/27/95 Locate second collar and shoot with primacord, withdraw and replace with new casing.
- 1/30/95 RIH with packer, testing tubing to 5000#, hang packer @ 2350' and reverse packer fluid into annulus. Set packer with 15 pts. and test casing. Would not hold pressure.
- 1/31/95 Pull one jt. tubing and reset packer. Run casing test and annulus held 320# for 30 min. Prep for injection.

**NOTE: BLM APPROVAL IS REQUIRED PRIOR TO PERFORMING CASING REPAIRS ON A FEDERAL WELL.**



14. I hereby certify that the foregoing is true and correct

Signed

*Joseph R. [Signature]*

Title

Vice President

Date

2/8/95

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

*BR*