

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other _____		5. LEASE DESIGNATION AND SERIAL NO. AM-30-026684	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____ MAY 15 1981		6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____	
2. NAME OF OPERATOR Orla Petco, Inc.		7. UNIT AGREEMENT NAME _____	
3. ADDRESS OF OPERATOR c/o Box 953, Midland, Texas 79702		8. FARM OR LEASE NAME Gourley-Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 1650' FSL and 1650' FEL At top prod. interval reported below same At total depth same		9. WELL NO. 5	
14. PERMIT NO. _____		10. FIELD AND POOL, OR WILDCAT Herradura Bend (Delaware)	
15. DATE SPUNDED 2-6-81		11. SEC. T., R., M., OR BLOCK AND SURVEY OR AREA Sec 31, T-22-S, R-28-E	
16. DATE T.D. REACHED 3-10-81		12. COUNTY OR TERRITORY Eddy	
17. DATE COMPL. (Ready to prod.) 4-12-81		13. STATE New Mexico	
18. ELEVATIONS (DF, RKE, RT, GR, ETC.)* 3056.5 GL		19. ELEV. CASING HEAD 3055.5	
20. TOTAL DEPTH, MD & TVD 2463		21. PLUG, BACK T.D., MD & TVD -	
22. IF MULTIPLE COMPL., HOW MANY* no		23. INTERVALS DRILLED BY ROTARY TOOLS CABLE TOOLS X	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2450-2463' Open hole DELAWARE SAND		25. WAS DIRECTIONAL SURVEY MADE no	
26. TYPE ELECTRIC AND OTHER LOGS RUN Van Tool Company-Gamma Ray log		27. WAS WELL CORED no	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
8 5/8"	23#	361'	12 1/4"
4 1/2"	9.5#	2450'	8"
CEMENTING RECORD		AMOUNT PULLED	
250 sx C1 C		none	
250 sx C1 C		none	
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	PACKER SET (MD)
2 3/8"		2440'	
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
2 3/8"	2440'		
31. PERFORATION RECORD (Interval, size and number)			
Open hole - 2450'-2463'			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
		None	
33. PRODUCTION			
DATE FIRST PRODUCTION 4-13-81		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping - Jenson 40B	
DATE OF TEST 4-15-81		WELL STATUS (Producing or shut-in) Producing	
HOURS TESTED 24	CHOKER SIZE -	PROD'N. FOR TEST PERIOD →	OIL—BBL. 35
GAS—MCF. 3	WATER—BBL. 1	GAS-OIL RATIO 86-1	
FLOW, TUBING PRESS. pumping	CASING PRESSURE pumping	CALCULATED 24-HOUR RATE →	OIL GRAVITY-API (CORR.) 40
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) NONE		TEST WITNESSED BY J.M.C. Ritchie, Jr.	
35. LIST OF ATTACHMENTS none			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED <i>Paul Ritchie</i>		TITLE Agent	
DATE 4-27-81			

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General Submitting a complete and correct well completion report and log on all types of Federal and/or State wells is a requirement. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, or may be obtained from the local Federal office. This summary record is submitted in conjunction with the local Federal well log and directional surveys, should be submitted hereto, to the extent required by applicable Federal and State laws and regulations. All attachments listed on the form, see Item 33.

Item 16: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other reports on this form and in any attachments. Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so indicate in Item 22, and in Item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s). If any for only the interval reported in Item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for Items 22 and 24 above.)

87. SUMMARY OF POROUS ZONES

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; COBED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL DOWN, AND SHUT-IN PRESSURES, AND RECOVERIES.

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	GEOLOGIC MARKERS	
				NAME	MEAS. DEPTH TRUE VERT. DEPTH
	2355	2115	BASE OF SALT		
			BLACK SHALE		
	2450		DELTAIC SAND		
			NO CARBONATE		
			NO DRILL STEM TEST		