

OPERATOR	
PRODUCTION OFFICE	
LAND OFFICE	
TRANSPORTER	
OIL	
CONDENSATE	
DRY GAS	
COASTHEAD GAS	

P. O. BOX 7668
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NOV 20 1984

O. C. D.
ARTESIA, OFFICE

I Jubilee Energy Corporation

Address
4000 N. Big Spring, Suite 109, Midland, Texas 79705

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter oil ☐
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Coastinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner: C. Clyde Hamblin, c/o Jubilee Energy Corporation

II. DESCRIPTION OF WELL AND LEASE

Lease Name Poker Lake Unit	Well No. 62	Pool Name, including Formation Corral Canyon (Delware)	Kind of Lease State, Federal or Fee Federal	Lease No. C-065705
Location Unit Letter H; 1980' Feet From The North Line and 660' Feet From The East Line of Section 18 Township 25-S Range 30-E NMPM Eddy County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas 79702
Name of Authorized Transporter of Coastinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit H Sec. 18 Twp. 25S Rge. 30E	Is gas actually connected? When no

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Hrs'v.	Diff. Hrs'
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

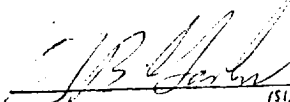
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tub	Choke Size
Actual Prod. During Test	Oil-	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)

President
(Title)

November 16, 1984
(Date)

OIL CONSERVATION DIVISION
NOV 29 1984

APPROVED
Original Signed By
Leslie A. Clements
Supervisor District II

This form is to be filed in compliance with RULE 1102.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ownership, name, or number, or transporter, or other such change of condition. Form C-104 must be filed for each pool in multi-