

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

SE. DEPARTMENT	
DISTRIBUTION	
SANTA FE	
FILE	
M.S.U.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATION	
REGISTRATION OFFICE	

Operator
Jubilee Energy CorporationAddress
3100 N. "A", Bldg. E, Suite 103, Midland, Texas 79705

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Approval to flare casinghead gas from this well must be obtained from the Minerals Management Service
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Exxon "A" Federal	3	Double X Delaware R-7437	State, Federal or Free Federal	NM-16353
Location				
Unit Letter C	660	Feet From The North	Line and 1980	Feet From The West
Line of Section 27	Township	24-S	Range 32-E	N.M.P.M.
				Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
The Permian Corporation	P. O. Box 3119, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company	Bartlesville, Oklahoma 74004
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge.	Is gas actually connected? When
test tanks C 27 24-S 32-E	no

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Some Replen. <input type="checkbox"/> Drill, Replen. <input type="checkbox"/>
Date Spudded 11-20-83	Date Compl. Ready to Prod. 12-20-83
Elevations (DF, RKB, RT, CR, etc.)	Top Oil/Gas Pay 4844'
Perforations 4862' to 4874'	Tubing Depth 4875'
Depth Casing Shoe	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8"	990'	200 sx. C1 "C"
7 7/8"	5 1/2"	4883'	150 sx. C1 "C"
	2 7/8"	4875'	

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top oil able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 12-21-83	Date of Test 12-23-83	Producing Method (Flow, pump, gas lift, etc.) Pumping
Length of Test 24	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls. 39	Water - Bbls. 40
		Gas - MCF TSTM

GAS WELL

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

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.

President

12-28-83

(Signature)

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 30 1983

BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT SUPERVISOR

This form is to be filed in compliance with RULE 1104.

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 able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ow well name or number, or transporter, or other such change of condit

RECEIVED
DEC 30 1983
O.C.
HOBBS OFFICE

DEC 30 1983
O.C.
HOBBS OFFICE