

N. M. OIL COMMISSION UNITED STATES
P. O. BOX 195 DEPARTMENT OF THE INTERIOR
HOBBS, NEW MEXICO 88240 GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See 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. L.C. 062269-A	
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. LESVR. ☐ Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____	
2. NAME OF OPERATOR Jubilee Energy Corporation		7. UNIT AGREEMENT NAME _____	
3. ADDRESS OF OPERATOR 3100 N. "A", Bldg. E, Suite 103, Midland, TX 79701		8. FARM OR LEASE NAME Graham Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 2310' FSL & 1650' FWL At top prod. interval reported below same At total depth same		9. WELL NO. 1	
14. PERMIT NO. _____ DATE ISSUED 12-7-82		10. FIELD AND POOL, OR WILDCAT Double "X" Delaware	
15. DATE SPUNDED 1-4-83		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Section 22, T-24-S, R-32-E	
16. DATE T.D. REACHED 1-13-83		12. COUNTY OR PARISH Lea	
17. DATE COMPL. (Ready to prod.) 1-22-83		13. STATE NM	
18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 3618, (3619), 3604		19. ELEV. CASINGHEAD 3604	
20. TOTAL DEPTH, MD & TVD 4942' (-1323)		21. PLUG. BACK T.D., MD & TVD 4940' (-1321)	
22. IF MULTIPLE COMPL., HOW MANY* -		23. INTERVALS DRILLED BY → 4942'	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 4882' - 4982' Delaware (-1263 to -1273)		25. WAS DIRECTIONAL SURVEY MADE no	
26. TYPE ELECTRIC AND OTHER LOGS RUN CNL/LDT/EPT		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"	24#	1010'	12 1/4"
5 1/2"	17#	4942'	7 7/8"
CEMENTING RECORD		AMOUNT PULLED	
400 sx Cl. "C" - Circulated.			
150 sx pozmix - TD to 3800'.			
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
30. TUBING RECORD		PACKER SET (MD)	
SIZE	DEPTH SET (MD)	4800'	
2 7/8"	4860'		
31. PERFORATION RECORD (Interval, size and number) 4882' - 4892' 0.41 14 shots			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
4882 - 4892		Acidized w/2000 gal. 7 1/2% acid	
4882 - 4892		Fraced w/32,000 gal. Foam + 35,000# 10/20 & 20/40 sand.	
33. PRODUCTION			
DATE FIRST PRODUCTION 1-22-83		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flow & swab	
DATE OF TEST 1-22-83		WELL STATUS (Producing or shut-in) Shut-in	
HOURS TESTED 24	CHOKE SIZE various	PROD'N. FOR TEST PERIOD →	
OIL—BBL. 112	GAS—MCF. 224	WATER—BBL. 30	GAS-OIL RATIO 2600/1
FLOW. TUBING PRESS. 150	CASING PRESSURE Packer	CALCULATED 24-HOUR RATE →	
OIL—BBL. 112	GAS—MCF. 224	WATER—BBL. 30	OIL GRAVITY-API (CORR.) 41.2
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Phillips Petroleum		TEST WITNESSED BY Phillips Petroleum	
35. LIST OF ATTACHMENTS One set Electric logs. Two copies deviation survey.			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED <i>[Signature]</i>		TITLE <i>President</i>	
DATE 1-24-83			

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

Log Recd

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces 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 state 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.)

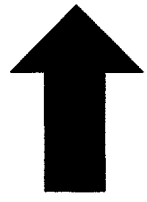
37. SUMMARY OF POROUS ZONES:
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING
DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
			No cores.-- No tests

38. GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH
T - Lamar	4799	-1226
T - Delaware	4825	-1252

RECEIVED
FEB 8 1983
O.C.D.
HOBBS OFFICE



LTR



Job separation sheet

INCLINATION REPORT

(One Copy Must Be Filled With Each Completion Report.)

6. RRC District	
7. RRC Lease Number. (Oil completions only)	
8. Well Number	1
9. RRC Identification Number (Gas completions only)	
10. County	LEA

1. FIELD NAME (as per RRC Records or Wildcat)	2. LEASE NAME GRAHAM FEDERAL
3. OPERATOR JUBILEE ENERGY CORPORATION	
4. ADDRESS 3100 NORTH "A", BLDG "E", SUITE 103, MIDLAND, TEXAS	
5. LOCATION (Section, Block, and Survey)	

RECORD OF INCLINATION

[illegible]

If additional space is needed, use the reverse side of this form.

17. Is any information shown on the reverse side of this form? ☐ yes ☒ no
18. Accumulative total displacement of well bore at total depth of 4928 feet = 104.00 feet.
- * 19. Inclination measurements were made in - ☐ Tubing ☐ Casing ☐ Open hole ☒ Drill Pipe
20. Distance from surface location of well to the nearest lease line _____ feet.
21. Minimum distance to lease line as prescribed by field rules _____ feet.
22. Was the subject well at any time intentionally deviated from the vertical in any manner whatsoever? _____
- (If the answer to the above question is "yes", attach written explanation of the circumstances.)

INCLINATION DATA CERTIFICATION

DECLARATION OF PERSONAL KNOWLEDGE
I declare under penalties prescribed in Article 6036c, R.C.S., that I am authorized to make this certification, that I have personal knowledge of the information and facts placed on both sides of this form and that such information and facts are true, correct, and complete to the best of my knowledge. This certification covers all data as indicated by asterisks (*) by the item numbers on this form.

Signature of Authorized Representative

Name of Person and Title (type or print)

Name of Company

Telephone: 913
Area Code

OPERATOR CERTIFICATION

OPERATOR CERTIFICATION
I declare under penalties prescribed in Article 6036C, R.C.S., that I am authorized to make this certification, that I have personal knowledge of all information presented in this report, and that all data presented on both sides of this form are true, correct, and complete to the best of my knowledge. This certification covers all data and information presented herein except inclination data as indicated by asterisks (*) by the item numbers on this form.

Signature of Authorized Representative

T. B. Garber - President

Name of Person and Title (type or print)

Jubilee Energy Corporation

Operator

915

Area Code

Railroad Commission Use Only:

Approved By: _____ Title: _____ Date: _____

* Designates items certified by company that conducted the inclination surveys.

I, Robert M Law, A Notary Public in and for Midland County, Texas have witnessed the signature of E. M. Vice above.

RECEIVED
FEB 8 1983
C. C. C.
HOBBS