

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE OF COMPLETION	
DISTRIBUTION	
INTAKE	
FILE	
U.S.	
AND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
PERMIT	
ADDITIONAL OFFICE	
PERIOD	

Jubilee Energy Corporation

Address

3100 N. "A", Bldg. E, Suite 103, Midland, TX 79701

Reason(s) for filing (Check proper box)

New Well



Change in Transporter of:

Recompletion



Oil



Dry Gas



Change in Ownership



Casinghead Gas



Condensate



Other (Please explain)

Change of ownership give name
and address of previous ownerApproval to flare casinghead gas from
this well must be obtained from the
Minerals Management Service.

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Graham Federal	1	Double "X" Delaware	State, Federal or Fee Federal	LC-062269A
Location	Unit Letter	Feet From The	Line and	Feet From The
	J/K	2310	South	1650 West
Line of Section	22	Township	24-S	Range 32-E
				NMPM, 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	1509 W. Wall, Midland, TX 79701	
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	Bartlesville, OK 74004	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	J	22
		Twp.
		24-S
		Rge.
		32-E
	Is gas actually connected? When	
	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Dist. Res't.
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
1-4-83	1-22-83		4942'		4940'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3618, 3619, 3604	Delaware		4882'		4860'			
Perforations					Depth Casing Shoe			
4882' - 4892'					4942'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	1010'	400 sx. - Circulated
7 7/8"	5 1/2"	4942'	150 sx. - TD to 3800'
	2 7/8"	4860'	

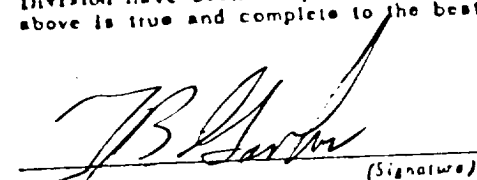
TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL(Test must be after recovery of total volume of load oil and must be equal to or exceed top oil
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
1-22-83	1-22-83	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	150	Packer	20/64"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	112	30	224

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	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

(Title)

January 28, 1983

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 2 1983, 19

BY ORIGINAL SIGNED BY EDDIE SEAY
TITLE OIL & GAS INSPECTOR

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
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of own
well name or number, or transporter, or other such change of condit

This form must be filed for each well to which