

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

P. O. BOX 1800
HOBBS, NEW MEXICO 88240

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☒ gas ☐
well well other

2. NAME OF OPERATOR
Jubilee Energy Corporation

3. ADDRESS OF OPERATOR
3100 N. "A", Bldg. E, Suite 103, Midland, TX

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2310' FSL & 1650' FWL
AT TOP PROD. INTERVAL: same
AT TOTAL DEPTH: same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

☒
☐
☒
☐
☐
☐
☐
☐
☐

L.C. 062269-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Graham Federal

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Double "X" Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Section 22, T-24-S, R-32-E

12. COUNTY OR PARISH 13. STATE

Lea

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

3618, 3619, 3604

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

1-04-83 Spud well.

1-06-83 TD 1010'. Ran 8 5/8" 24# casing to TD. Cemented w/400 sx. Class "C". Circulated cement. WOC 18 hrs. Test BOP w/1000# for 30 minutes. Test okay.

1-15-83 TD 4942'. Ran 5 1/2" 17# casing to TD. Cemented w/150 sx. Pozmix from TD to 3800'. WOC 18 hrs. Test BOP w/1000# for 30 minutes. Test okay.

1-16-83 Perforated 5 1/2" casing from 4882' - 4892' w/14 shots.

1-18-83 Acidized perfs. w/2000 gal. 7 1/2% acid. Pumped 4 bbl/min @ 800#. SIP 0#. Fluid level @ 600'. Swabbed & flowed back load.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED David R. Glass TITLE President DATE 1-24-83

ACCEPTED FOR RECORD

(This space for Federal or State office use)

(ORIG. SGD.) DAVID R. GLASS

APPROVED BY _____
CONDITIONS OF APPROVAL IF ANY:

JAN 28 1983

MINERALS MANAGEMENT SERVICE
ROSWEEL, NEW MEXICO

*See Instructions on Reverse Side

RECEIVED

JAN 26 1983

OIL & GAS
MINERALS MGMT. SERVICE
ROSWEEL, NEW MEXICO