Form Approved. Budget Bureau No. 42-R1424

## UNITED STATES

P. O. BOX 1930

HOBBS, NEW MEXECOEASE240

DEPARTMENT	OF	THE	INTERIOF
GEOLOGICAL		SHE	VFY

DEPARTMENT OF THE INTERIOR	L.C. 062269-A		
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME		
(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.)	8. FARM OR LEASE NAME		
1. oil gas 🖂	Graham Federal		
well well other	9. WELL NO.		
2. NAME OF OPERATOR	1		
Jubilee Energy Corporation	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		
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	12. COUNTY OR PARISH	13. STATE	
AT TOP PROD. INTERVAL: same	Lea	NM	
AT TOTAL DEPTH: same	14. API NO.		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,			
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	3618, 3619, 360	4	
TEST WATER SHUT-OFF	(NOTE: Report results of m change on Form 9-		
MULTIPLE COMPLETE			

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.)\*

1-06-83	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 $5\frac{1}{2}$ " 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 5½" casing from 4882' - 4892' w/14 shots.
1-18-83	Acidized perfs. w/2000 gal. 7½% acid. Pumped 4 bb1/min @ 800#. SIP 0#. Fluid level @ 600%. Swabbed & flowed back load.
	A

Subsurface Safety Valve: Manu. and Type

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

President 1-24-83 DATE \_\_ (This space for Federal or State office use)

(ORIG. SGD.) DAVID R. GLASS

Spud well.

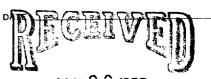
APPROVED B CONDITIONS

**CHANGE ZONES** ABANDON\* (other)

1-04-83

MINERALS MANAGEMENT SERVICE ROSWELL, NEW MEXICO

\*See Instructions on Reverse Side



JAN 26 1983