N. M. UIL DOMA. COMMISSION

P. O. BOX 1989

Form Approved.

		rr.		- 47	
U	NI	LLL) S1	IAI	E3

ATES	HOBBS,	NEW	MΞ	KIGO	LEASE) -

J.	LLA	JL		
т	\sim	0.6	2260	,

COCEC	 	

DEPARTMENT	OF	THE	INTERIOR
GEOLOG	ICAL	SUF	RVEY

j.	IF	INDIAN,	ALLOTTEE	OR TRIBE	NAME
----	----	---------	-----------------	-----------------	------

CHNDRY	NOTICES	ΔND	REPORTS	ON	WELLS
JUNUNI	INULULU	AI1	ILLI OILIO	VII	***

(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	other				
2. NAME OF OPERATOR Jubilee Energy Corpo	pration				
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

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

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD) 3618, 3619, 3604

REQUEST FOR APPROVAL	TO:	SUBSEQUENT	REPORT	OF:
TEST WATER SHUT-OFF				
FRACTURE TREAT		, XI		
SHOOT OR ACIDIZE				
REPAIR WELL				
PULL OR ALTER CASING				
MULTIPLE COMPLETE				
CHANGE ZONES				
ABANDON*				
(other)				
				

(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.)*

1-20-83

Fraced perforations w/32,000 gal. Foam + 35,000# 10/20 & 20/40 sand. 520,000 cu.ft. of nitrogen. SIP 1350#. In 15 minutes - 1100#. Injection rate - 15 bbl/min. Flowed back load.

Set @ __ Subsurface Safety Valve: Manu. and Type _ 18. I hereby certify that the foregoing is true and correct President 1-24-83 TITLE DATE SIGNED ACCEPTED FOR RECORD (This space for Federal or State office use) (ORIG. SGD.) DAVID R. GILASS APPROVED B' CONDITIONS OF APPROVAL, IF ANY: JAN 28 1983 MINERALS MANAGEMENT SERVICE ee Instructions on Reverse Side ROSWELL, NEW MEXICO

ar. a 888 MINITEM S RIGHT. SERVICE ROSWELL, NEW MEXICO

TO DEIVED

JAN 31 1983

O.C.D. HOBBS OFFICE