

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 well ☒ gas well ☐ other ☐

2. NAME OF OPERATOR
Jubilee Energy Corporation

3. ADDRESS OF OPERATOR 79705

3100 N. "A", Bldg. E, #103, Midland, TX

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1980' FSL & FWL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

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

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(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.)*

6-02-83 Perforated 5½" casing from 4854' to 4858' and 4864' to 4872' with 1 shot/foot.

6-07-83 Acidized w/1500 gallons 7½% Hcl. Pumped 3-5 bbls/min. @ 1000#. Swabbed and flowed back load.

6-08-83 Fractured perforations w/9000 gallons 2% Kcl + 3000 gallons Methonal 75 Quality foam + 27,000# 20/40 sand and 24,000# 10/20 sand. Pumped 15 bbls/min. @ 3100#. Formation broke @ 3700#. 15" SIP - 1860#.

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

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

SIGNED _____ TITLE President DATE 7-25-83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 12-27-84

CONDITIONS OF APPROVAL IF ANY:

Subject to
Like Approval
by State

*See Instructions on Reverse Side

RECEIVED

DEC 31 1984

O.C. 2.
HOBBS OFFICE