

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Jubilee Energy Corporation

4000 N. Big Spring, Suite 109, Midland, Texas 79705

on ( ) for filing: (check proper box)

Well	<input type="checkbox"/>	Change in Transporter of:	
Completion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input checked="" type="checkbox"/> Condensate <input type="checkbox"/>

Other (Please explain)

range of ownership give name  
address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE.

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Free State	Lease No.
State NNG	1	East Mason - Delaware	State	LG-3620

Initial Letter L : 1980 Feet From The South Line and 330 Feet From The West

Line of Section 16 Township 26-S Range 32-E NMDM. County

## SIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Signature of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)

PG Inc.	2223 Dodge Street, Omaha, Nebraska 68102
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Rate of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐

Address (Give address to which approved copy of this form is to be sent)

Phillips Petroleum Company

Bartlesville, OK 74004

	Unit	Sec.	Twp.	Rge.
well produces oil or liquids, the location of tanks.	L	16	26-S	32

Is gas actually connected?	When
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### COMPLETION DATA

Completion Data	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Diff. Res.
Designate Type of Completion - (X)								

116 Souded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
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Locations (DE, RAB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
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[illegible]

## TUBING, CASING, AND CEMENTING RECORD

[illegible]

EST DATA AND REQUEST FOR ALLOWABLE  
IL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top all-  
able for this depth or be for full 24 hours)

OIL WELL		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)

Length of Test	Tubing Pressure	Coating Pressure	Choke Size
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Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
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## GAS WELL

GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test - MCF/D	Length of Test		

Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Coaling Pressure (shut-in)	Choke Size
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**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.

OIL CONSERVATION DIVISION  
AUG 15 1984

APPROVED \_\_\_\_\_

APPROVED \_\_\_\_\_  
BY \_\_\_\_\_ ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 1 SUPERVISOR

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1103.

If this is a request for allowance for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ownership, name or number, or transportation; other such change of condition.