

N. M. OIL CONS. COMMISSION
P. O. BOX 198
HOBBS, NEW MEXICO 88240

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, Suite 103, Midland, TX
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FSL & 1980' 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 <input checked="" type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input checked="" type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) _____	

5. LEASE
LC 062269-A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME 720
Graham Federal
9. WELL NO.
2
10. FIELD OR WILDCAT NAME
Double "X" Delaware
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 22, T-24-S, R-32-E
12. COUNTY OR PARISH
Lea
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3587' GL

(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.)*

1-14-84 Spud well @ 3:00 p.m.
1-16-84 Drill to TD of 955' and set 9 5/8" 47# casing and cemented w/300 sx. Class "C" cement. Cement circulated. WOC 18 hrs. Test BOP w/1000# for 30 minutes. Test okay.
2-01-84 Reached TD of 4947' and ran 5 1/2" 17# casing to TD and cemented w/200 sx. 50-50 poz Class "C" cement. WOC 18 hrs. Test BOP w/1000# for 30 minutes. Test okay.
2-03-84 Perforated 5 1/2" casing from 4911' - 4921' w/2 shots/ft.
2-07-84 Acidized perforations w/500 gallons of 7 1/2% acid. Treated 3-5 bbls/min. @ 1200-1500#. Good show of oil and gas.
2-08-84 Fraced perforations w/20,000 gallons of 70 Quality foam + 20,000# sand. Flowing and swabing load.

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

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

SIGNED _____ TITLE President DATE 2-20-84

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

PETER W. CHESTER

FEB 20 1984

100-100000

RECEIVED

MAR 2 1984

O.C.O.
HUMAN RIGHTS OFFICE