

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 01917
2. NAME OF OPERATOR Jubilee Energy Corp.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -----
3. ADDRESS OF OPERATOR		7. UNIT AGREEMENT NAME -----
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310 FSL & 990 FEL of the Section		8. FARM OR LEASE NAME Gulf Federal
14. PERMIT NO. N/A 2-8-85		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3587 GR, 3592 KB, 3591 DF		10. FIELD AND POOL, OR WILDCAT Triple "X" Delaware (Ext.)
		11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA Sec. 12, T24S, R32E
		12. COUNTY OR PARISH Lea
		13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
(Other)	<input type="checkbox"/>

PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>

WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREATMENT	<input checked="" type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>

REPAIRING WELL	<input type="checkbox"/>
ALTERING CASING	<input type="checkbox"/>
ABANDONMENT*	<input type="checkbox"/>

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

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.) *

- 4-12-85 Perforated 5" casing from 4974' to 4994' with 20 shots (one shot per foot).
- 4-13-85 Acidized with 1000 gal. of 7 1/2% Hcl. Pumped 3-4 bbl/min.
- 4-14-85 Fractured perforations with 20,000 gal. Foam + 38,000# of sand. Pumped 10 bbl/min. @ 2470#. SIP - 2200#. Swabbed and flowed load back.
- 4-15-85 Testing for oil.

ACCEPTED FOR RECORD

JUL 25 1985

CARLSBAD, NEW MEXICO

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

SIGNED

TITLE President

DATE 4-19-85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side