Submit 3 Copies to Appropriate District Office

APPROVED BY ----

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, i-rerals and Natural Resources Department

Form C-103 -1-89

DISTRICTL

OIL CONSERVATION DIVISION

	Revised 1-

P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088		WELL API NO. 30-025-03238
		5. Indicate Type of Lease STATE FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WEL	LS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN DIFFERENT RESERVOIR. USE "APPLICATION FOR PER (FORM C-101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL GOTHER Inject	tion	East Pearl Queen Unit
2. Name of Operator Pyramid Energy, Inc.	gradien van de steetse gradie	8. Well No. 24
3. Address of Operator		9. Pool name or Wildcat
10101 Reunion Place, Ste 210 San Anton: 4. Well Location	io TX 78216	Pearl Queen
Unit LetterH :1980 Feet From TheNorth	Line and660	Feet From The East Line
Section 28 Township 19S Ran	nge 35E N	IMPM Lea County
10. Elevation (Show whether I	DF, RKB, RT, GR, etc.)	
11. Check Appropriate Box to Indicate N		port, or Other Data
NOTICE OF INTENTION TO:		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON X CHANGE PLANS	COMMENCE DRILLING	
PULL OR ALTER CASING	CASING TEST AND CEI	MENT JOB .
OTHER:	OTHER:	·
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, an work) SEE RULE 1103.		
This well has pressure on the casing-tubing propose the following procedure to temporary	g annulus from a	probable tubing leak. We wellbore:
<pre>1) Set CIBP at 4600' (existing perfs mud laden fluid.</pre>	are 4691'-4870') and circulate the hole with
2) Pressure test casing to 300 psi fo	or 30 minutes.	Record test on pressure chart.
3) Secure wellhead with a valve so the monitored and contained.	hat potential ca	sing pressure buildup can be
I hereby certify that the information above is true and complete to the best of my knowledge and		
SIGNATURE Statt Start TITI	Operations Ma	nager 06/06/94
TYPEOR PRINT NAME Scott Graef		TELEPHONE NO. (210) 308-8000
(This space for State Use)		
APTROVED BY	ORIGANALE (S. C. C.) Delivaria	JUN 0 9 1994

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