Submit 3 Copies to Appropriate District Office

State of frew Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1920, Hebbs, NM 88240

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION

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ELL API NO. 1-025-03239					
Indicate Type of	Lease STATE	FEE x			
State Oil & Gas	Lease No.				

- DATE -

P.O. Box 1920, Hebbs, NM 88240	WELL ADI NO				
P.O. Box 20 DISTRICT II P.O. Drawer DD Arresia NM 88210 Santa Fe, New Mexico	700 30-025-02220				
DISTRICT III	5. Indicate Type of Lease STATE FEE X				
1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No.				
SUNDRY NOTICES AND REPORTS ON WE	ILLS /////////				
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN DIFFERENT RESERVOIR. USE "APPLICATION FOR PE (FORM C-101) FOR SUCH PROPOSALS.)	NOR PLUG BACK TO A				
1. Type of Well: OIL GAS WELL OTHER Inject	tion				
2. Name of Operator					
Pyramid Energy, Inc. 3. Address of Operator					
10101 Reunion Place, Ste. 210 San Antonio, 4. Well Location	9. Pool name or Wildcat				
··	TX /8216 Pearl Queen				
	Line and 660 Feet From The East Line				
Section 28 Township 19S R.	ange 35E NMPM Lea County				
10. Elevation (Show whether	DF, RKB, RT, GR, etc.)				
	Nature of Notice, Report, or Other Data				
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON					
TEMPORARILY ABANDON 🐰 CHANGE PLANS					
COMMENCE DHILLING OPNS. PLUG AND ABANDONMENT					
OTHER:	CASING TEST AND CEMENT JOB				
12 Decreiba Decreiba Decreiba de Completa	OTHER:				
 Describe Proposed or Completed Operations (Clearly state all pertinent details, ar work) SEE RULE 1103. 	nd give pertinent dates, including estimated date of starting any proposed				
This well has pressure on the casing-tubing propose the following procedure to temporari	annulus from a probable tubing leak. We				
·	erfs 4711'-4919'. Circulate hole with mud				
2) Test casing to 300 psi for 30 minu	ites and record test on a pressure chart.				
3) If casing does not test, locate le					
and a successful to the strong metal for	instructions to TA well. If conditions be TA then it shall be P&A in accordance to				
NMOCD Rules and Regulations. I hereby certify that the information proved in true and complete to the best of my knowledge and	bdid.				
SIGNATURE APART THE	UE Operations Manger 06/06/94				
TYPE OR PRINT NAME Scott Graef					
(This space for State Use)	TELEPHONE NO. (210) 308-800				
	HILL & C. AAA				
APPROVED BY	JUN 0 9 1994				

— TITLE --

- GEWED

JN 6 344

OFFICE