Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III		5	Santa	Fe, New	Mexico 87	504-2088					
1000 Rio Brazos Rd., Aztec, NM 87410	REC				ABLE AND			ON			
I. Operator	-,	TOTE	RANS	SPORT C	DIL AND N	ATURAL C			72.		
Pyramid Energy, 1		· ·				II API No.					
Address	30-025-03320										
10101 Reunion Pl. Reason(s) for Filing (Check proper box)	ace, și	te. 210	O Sa	an Anto	nio, Texa						
New Well		Change	in Trac	asporter of:	□ 0	ther (Please exp	olain)				
Recompletion	Oil	[2	∑ Dry	Gas 🗀]						
Change in Operator	Casingh	ead Gas	Con	ndensate	<u> </u>						······································
and address of previous operator			· 			-					
II. DESCRIPTION OF WELL Lease Name	AND LI	EASE Well No									
South Pearl Queen					Federal or Fee Lco60881						
Unit Letter	_ : _1	980	_ Feet	t From The	South L	ine and 6	60	E.	et From The	East	* !
Section 4 Towns	77										
Section 4 Townsh	ip 20S		Ran	ge 35	1, <u>a</u>	NMPM,		Le	<u>a</u>		County
III. DESIGNATION OF TRAN	SPORT	ER OF C		ND NAT							
Name of Authorized Transporter of Oil EOTT Oil Pipeline Com	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4666 Houston, Texas 77210-4666										
Name of Authorized Transporter of Casin	P.O. Box 4666 Houston, Texas 77210-4666 Address (Give address to which approved copy of this form is to be sent)										
Tit seedle complete c					<u> </u>	The second second second of this form is to be seen					
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. D 3 20S 35E			Is gas actually connected? When				7 ——6 - 12-66			
If this production is commingled with that	from any of	her lease or			gling order nun	nber:			b <u>=</u> 12	<u>-66</u>	
IV. COMPLETION DATA		Oil Wel		Gas Well	New Well	Westerne			· ·		
Designate Type of Completion		_i	i		I HEW WELL	Workover	Deep	en ¦	Plug Back	Same Res'v	Diff Res'v
Date Spudded Date Compl. Ready to Prod.					Total Depth				P.B.T.D.	***********	t
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Perforations					Top Oil/Gas Pay				Tubing Depth		
									Depth Casing	Shoe	
	7	TUBING,	CAS	ING AND	CEMENTI	NG RECOR	D	!			
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
'. TEST DATA AND REQUES	T FOR A	LLOW	ARLE	₹.	<u> </u>		 ,				
OIL WELL (Test must be after re					t be equal to or	exceed top allo	wable for	this :	depth or be fo	r full 24 how	rs.)
Date First New Oil Run To Tank	Date of Te	st			Producing Me	ethod (Flow, pu	mp, gas i	ift, etc	:.)		
ength of Test	Tubing Pressure				Casing Pressure				Choke Size		
	Taoling Tribution										
ctual Prod. During Test Oil - Bbls.				Water - Bbis.				Gas- MCF			
GAS WELL						-		l			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			- 1	Gravity of Condensate		
	·										
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			1	Choke Size		
I. OPERATOR CERTIFICA	TE OF	COMP	LTAI	NCF				!_			
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and the is true and complete to the best of my kn	at the informowledge an	mation give d belief.	n abov	e ·		A -			, 		
1 # 9 1	-				Date	Approved	ı ——	₩Û ¥	3 9 19	93	
Simenia Starf	By ORIGINAL SIGNED BY AND										
Signature Scott Graef	By ORIGINAL SIGNED BY JORDY SONOM DISTRICT I SUPERVISED										
Printed Name Printed Name 1 10 93 210 308 - 9000					Title_	- Armen				1.0	#
Date	- AND	Telen	bone b	<u>/</u> No							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 4) Separate Form C-104 must be filed for each pool in multiply completed wells.