Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Energy, Minerals and Natural Resources Department

Revised 1-1-89
See Instructions
at Bottom of Page

GLL CONSERVATION DIVISIO1.

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 Santa Fe, New Mexico 87504-2088

000 Rio Brazos Rd., Aztec, NM 87410		OR ALLOWAE						
Operator .	און שאות.		Well A	Well API No.				
Pyramid Energy, Inc.				30-025-03329				
Address	edro, Suite 7	200 \$	on Anton	io. Texa	e 78231)		
Reason(s) for Filing (Check proper box)	suro, surce /	500 5	Oth	r (Please expla	in)			
New Well		n Transporter of:		. =	-	from Xer		
Recompletion Change in Operator	Oil Casinghead Gas			npany to ch 1, 19	-	Energy,	inc. e	TIECCIVE
f change of operator give name	c Oil & Gas (O. Box			d, Texas	79710	
nd addless or previous operator								
I. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Includi						Lease No.		
South Pearl Queen Unit 4 Pearl (Queen Unit 4 P			ieen) State(Federal or Fee NM0349792		
Location	2019		lorth	1000		1	15 a ±	• •
Unit LetterG	_:	_ Feet From TheN	Lin-	and	Fe	et From TheE	ast	Line
Section 4 Township	p 20S	Range 35E	, NI	ирм,	Lea	,		County
III. DESIGNATION OF TRAN	SPORTER OF C	DIL AND NATII	RAL GAS					
Name of Authorized Transporter of Oil	EOTT	msale	Address (Giv	e address to wh	ich approved	copy of this form	is to be se	nt)
Shell Pipeline Company	Address (Give address to which approved copy of this form is to be sent) LP.O. Box 1910 Midland, Texas 79702 Address (Give address to which approved copy of this form is to be sent)					n/)		
Name of Authorized Transporter of Casing Warren Petroleum	P.O. Box 1589 Tulsa, OK 74102				?	·		
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge. 35E	Is gas actually connected? When yes			7 6-12-66		
f this production is commingled with that it. V. COMPLETION DATA		<u>l</u>						
Designate Type of Completion	- (X)	II Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v
Date Spudded	Date Compl. Ready t	to Prod.	Total Depth			P.B.T.D.		
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Perforations				Depth Casing Shoe				
		0.00.00.11	CIEL CELITIT	VO DECOR		<u> </u>		
HOLE SIZE	TUBING CASING & T	CEMENTING RECORD DEPTH SET			SACKS CEMENT			
HOLL SIZE	OASING & TODING SIZE		DEFINGE					
						<u></u>		
V. TEST DATA AND REQUES						4 41 - 1 - 6-	6 11 24 have	
OIL WELL (Test must be after r. Date First New Oil Run To Tank	Date of Test	e of load oil and musi		exceed top allow thod (Flow, pu			Jul 24 nou	75.)
Date I like I to li Alba To Table	Bate of Yea							
Length of Test	Tubing Pressure	Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.			Gas- MCF			
GAS WELL	<u></u>		.L			1		
Actual Prod. Test - MCF/D	Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shu	Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF COM	DITANCE				<u> </u>		
I hereby certify that the rules and regula				DIL CON	ISERV	ATION D	IVISIC	N
Division have been complied with and	that the information gi					MAR 1	1 199	}
is true and complete to the best of my h	LILOWIEGGE and Delief.		Date	Approve	d <u> </u>	**** ** *		
Seatt Shart			_{P.} ,			Signed by		
Signature Scott Graef	Production	Fnedness	By_		E Ge	L Kauts ologist		
Printed Name		Title	Title		QC MA			
Date	(512) 490- Te	5000 lephone No.						
	·		11					

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.
- 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.