

OIL CONSERVATION DIVISION

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator Pyramid Energy, Inc.	Well API No. 30-025-25365
Address 14100 San Pedro, Suite 700 San Antonio, Texas 78232	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	To change status from injector well to a producing well.

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name West Pearl Queen Unit	Well No. 169	Pool Name, Including Formation Pearl (Queen)	Kind of Lease State Federal or Fee	Lease No. E-8183 & E-8184
Location Unit Letter N ; 1305 Feet From The South Line and 2565 Feet From The West Line Section 28 Township 19S Range 35E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Shell Pipeline Co.	P.O. Box 1910 Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum Phillips 66 Natural Gas Co. GPM Gas Corporation	P.O. Box 1589 Tulsa, OK 74102 4001 Penbrook Odessa, TX 79762
If well produces oil or liquids, give location of tanks.	Unit Sec. Effective Date Gas actually connected? When?
	B 32 19S 35E Yes

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 02-15-77	Date Compl. Ready to Prod. 03-27-77	Total Depth 5000'	P.B.T.D. 5000'					
Elevations (DF, RKB, RT, GR, etc.) 3707' GL	Name of Producing Formation Pearl Queen	Top Oil/Gas Pay -	Tubing Depth 4959'					
Perforations 4721-4727, 4910-4913, 4922-4926							Depth Casing Shoe	
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4	8 5/8"	1800'	600 sx. circ.					
7 7/8	5 1/2"	5000'	1800 sx. circ.					

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

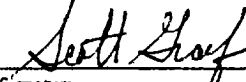
Date First New Oil Run To Tank 05-02-91	Date of Test 05-07-91	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs.	Tubing Pressure -	Casing Pressure 25	Choke Size -
Actual Prod. During Test	Oil - Bbls. 6	Water - Bbls. 319	Gas- MCF TSTM

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


Signature
Scott Graef Production Engineer
Printed Name
05/07/91 (512) 490-5000
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
By _____
Title _____

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.

RECEIVED

MAY 13 1991

HONAS BRIDGE