

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION

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

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

API NO. (assigned by OCD on New Wells)

3002503230

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

E-8183 & E-8184

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☐

RE-ENTER ☒

DEEPEN ☐

PLUG BACK ☐

b. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

OTHER

INJECTOR

SINGLE
ZONE ☒

MULTIPLE
ZONE ☐

7. Lease Name or Unit Agreement Name

West Pearl Queen Unit

2. Name of Operator

Pyramid Energy, Inc.

8. Well No.

123

3. Address of Operator

14100 San Pedro, Suite 700, San Antonio, Texas 78232

9. Pool name or Wildcat

Pearl Queen

4. Well Location

Unit Letter P : 990 Feet From The South Line and 660 Feet From The East Line

Section 28

Township 19S

Range 35E

NMPM

Lea

County

10. Proposed Depth

4932

11. Formation

Queen

12. Rotary or C.T.

Rotary

13. Elevations (Show whether DF, RT, GR, etc.)

3714 GR

14. Kind & Status Plug. Bond

Blanket

15. Drilling Contractor

Pool Well Service

16. Approx. Date Work will start

Nov. 20, 1991

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/4"	8 5/8"	24#	305'	300	Surface
7 7/8"	4 1/2"	10.5#	4932'	200	3737'

The captioned well was an injection well that was plugged 2/12/81.

Pyramid Energy, Inc., has received authorization to inject saltwater into the Queen Sand in this wellbore (Administrative Order No. WFX-613).

Pyramid Energy proposes to drill out all cement plugs, retainers, CIBP and packers to original TD of 4932'. Casing leaks will be repaired as necessary. Plastic coated tubing and packer will be run to approximately 4675'. The well will be placed on injection after casing-tubing annulus test is run per OCD regulations.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Scott Graef TITLE Production Engineer DATE 11/15/91

TYPE OR PRINT NAME Scott Graef TELEPHONE NO. 512/490-5000

(This space for State Use)
Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval
Date Unless Drilling Underway.

Re-Enter