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, Artesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| I. | ר | OTRA | NSP | ORT OI | L AND NA | TURAL G | AS | | | | |
|---|---|--------------------------|----------|--------------|--|-------------------------------|----------|--|-------------------|--------------|--|
| Decrator Wo | | | | | | | | API No. | | | |
| Pyramid Energy, Inc. | | | | | | 30-025-03243 | | | | | |
| Address | odro Cu | 7 | 00 | , | | | | | | | |
| Reason(s) for Filing (Check proper box) | edro, Su | ilte / | 00 | | | nio, Texa ner (Please expl | | 32 | | | |
| New Well | | Change in | Transp | orter of: | | | - | r from | Sirgo Or | perating, | |
| Recompletion | Oil | | Dry G | | I | ic. to Py | yramid E | nergy. | Inc. eff | ective | |
| Change in Operator X | Casinghead | i Gas 🗌 | Conde | nsate | J | ıly 1, 19 | 990. | 0,7 | | | |
| If change of operator give name and address of previous operator Si | rgo Oper | ating | . Inc | c. P.(|). Box 3 | 531 Mid | iland T | Cexas 7 | 9702 | | |
| • • | | | | | | 752 1110 | <u> </u> | CAGS / | 27.02 | | |
| II. DESCRIPTION OF WELL | | | 15 | | | | | | - | | |
| Lease Name Well No. Pool Name, Inclu West Pearl Queen Unit 129 Pearl (| | | | | _ | | | Kind of Lease State) Federal or Fee | | ease No. | |
| West Pearl Queen Unit 129 Pearl ((| | | | | ueen) | | | | D-1 | .587 | |
| Unit Letter N | _ : | 660 | Feet F | rom The | South Lin | e and | 980 F | eet From The | West | Line | |
| Section 29 Townsh | <u>ip 1</u> | 9S | Range | 35E | . , N | МРМ, | Lea | | | County | |
| III. DESIGNATION OF TRAN | NSPORTE | R OF O | IL AN | D NATI | RAL GAS | TX | TECTION | WELL- | TA | | |
| Name of Authorized Transporter of Oil | | or Conder | | | | ve address to w | | | | eni) | |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas | | | | | Address (Give address to which approved copy of this form is to be sent) | | | | | ent) | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actual | y connected? | When | 1? | | | |
| If this production is commingled with that IV. COMPLETION DATA | from any other | er lease or | pool, gi | ve comming | ling order num | ber: | | | | | |
| Designate Type of Completion | | Oil Well | i | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | |
| Date Spudded | Date Compl. Ready to Prod. | | | | Total Depth | | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, etc.) | RT, GR, etc.) Name of Producing Formation | | | | Top Oil/Gas Pay | | | Tubing Depth | | | |
| Perforations | | | | | ' | | | Depth Casin | Depth Casing Shoe | | |
| TUBING, CASING AND | | | | | CEMENTING RECORD | | | <u>'</u> | | | |
| HOLE SIZE | CASING & TUBING SIZE | | | | DEPTH SET | | | | SACKS CEMENT | | |
| | | | | | | | | | | | |
| | | | | | | | | ļ | | | |
| · · · · · · · · · · · · · · · · · · · | - | | | | | | | ļ | | | |
| V. TEST DATA AND REQUE | | | | | 1 | | | | | | |
| OIL WELL (Test must be after) Date First New Oil Run To Tank | Date of Test | | of load | oil and musi | | | | | for full 24 hou | rs.) | |
| | | | | | Producing Method (Flow, pump, gas lift, etc.) | | | | | | |
| Length of Test | Tubing Pressure | | | | Casing Pressure | | | Choke Size | Choke Size | | |
| Actual Prod. During Test | Oil - Bbls. | | | | Water - Bbls. | | | Gas- MCF | | | |
| GAS WELL | | | | | <u></u> | | | 1 | | | |
| Actual Prod. Test - MCF/D | Length of To | est | | | Bbls. Conder | sate/MMCF | | Gravity of C | Condensate | | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | | | | Casing Press | Casing Pressure (Shut-in) | | | Choke Size | | |
| VI. OPERATOR CERTIFIC | ATE OF | COMP | LIAN | NCE | | | | | | | |
| I hereby certify that the rules and regul | lations of the C | Dil Conser | vation | | | DIL CON | ISERV. | ATION | DIVISIO | N | |
| Division have been complied with and is true and complete to the best of my | that the inform knowledge and | nation give 1 belief. | n above | • | Date | Approve | d | | JUN | 2 7 1990 | |
| Scott Surf | | | | | | | | | 27.78 | ₽N | |
| Signature Scott Graef | Produc | tion | | neer | By_ | | N | <u>*</u> | 200 | - | |
| Printed Name 6 25/90 | (512) | 4 0 0_5 | Title | | Title | | | <u></u> | <u> </u> | | |
| Date | (314) | | phone N | ₩o. | | | | | | | |

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.

JUN 27 1990