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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 Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRA	<u> SNA</u>	PORT OI	<u>L AND NA</u>	TURAL (
Operator Puramid Eno								API No.							
Address	Pyramid Energy, Inc.							30-025-03267							
14100 San P	edro, Su	ite 7	00		San Antor	io. Te	xas 7823	32							
Reason(s) for Filing (Check proper box) New Well					Oth	er (Please ex	plain)								
Recompletion	Oil	Change in	1	sporter of:	CI T-	nange in	operato	r from	Sirgo Op	erating,					
Change in Operator	Casinghea	d Car	Dry	densate		ily 1,	Pyramid E	energy,	inc. eff	ective					
If change of operator give name		=		<u></u>											
and address of previous operator	rgo Opei	ating	, <u>L</u> 1	nc. P.C	Box 33	31 M:	idland, T	Cexas 7	9702						
II. DESCRIPTION OF WELL	AND LEA	Well No.													
Lease Name West Pearl Queen Un	The same of the sa			of Lease Federal or Fe	of Lease Lease No Federal or Fee $E-1638$										
Location		156	1	Pearl (Q	ueen)				E-1	030					
Unit Letter	_ :	310	Feet	From The	South	e and	1980	eet From The	East	Line					
21								cerrom me		Lalife					
Section 31 Townsh	<u>ip 1</u>	<u>9</u> S	Rang	ge 35E	,N	МРМ,	Lea			County					
III. DESIGNATION OF TRAN	I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS (INJECTION WELL - TA)														
Name of Authorized Transporter of Oil		or Conder				e address io	which approved	l copy of this f	orm is to be se	ent)					
Name of Authorized Transcenses of Contract	-1														
Transporter of Casin	Name of Authorized Transporter of Casinghead Gas or Dry Gas Ad								Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	. Rge.	e. Is gas actually connected? When ?										
If this production is commingled with that	from any other	r lease or	pool,	give comming	ling order num	ber:				,					
IV. COMPLETION DATA			 ,-												
Designate Type of Completion	- (X)	Oil Well	ļ	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v					
Date Spudded	Date Compl. Ready to Prod.				Total Depth	L		P.B.T.D.							
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Pay		Tubing Dep	Tubing Depth						
Perforations					<u> </u>			Depth Casing Shoe							
									6 001						
					CEMENTI	NG RECO	RD								
ROLE SIZE	HOLE SIZE CASING & TUBING SIZE			SIZE	 	DEPTH SE	<u>T</u>		SACKS CEM	ENT					
							~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~								
V TEST DATA AND DECLIES	T FOR A	T T OTT													
V. TEST DATA AND REQUES OIL WELL (Test must be after a				_	he sevel to am		Namalia Karabi	- 4- 4 - 4		ì					
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Test	u volume	oj toda	a ou ana musi	Producing Me	thod (Flow.	llowable for thi pump, gas lift, e	s depth or be f	or full 24 how	3.)					
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7,67,7	,							
Length of Test	Tubing Pressure				Casing Pressu	re		Choke Size							
Actual Prod. During Test	1. During Test Oil - Bbls.							Gas- MCF							
- Jan - Bols					Water - Bbls.										
GAS WELL	- 							·	· · · · · · · · · · · · · · · · · · ·						
Actual Prod. Test - MCF/D	Length of To	est			Bbls. Conden	ate/MMCF		Gravity of Condensate							
Testing Method (pitot, back pr.)	rack pr.) Tubing Pressure (Shut-in)				Code	. (61		Choke Size							
twenty intention (puot, ouck pr.)					Casing Pressu	re (Shut-in)									
VI. OPERATOR CERTIFIC	ATE OF	COMP	Ι.ΙΔ	NCF				L							
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.					(OIL CONSERVATION DIVISION									
					Ar ar A										
is the and complete to the best of my i	mowieage and	Dellel.			Date	Approve	ed		UN 2	1 1990					
Sept Lead						- •									
Signature										 					
Scott Graef Production Engineer Pripted Name Title							€ `₹	فأسري المراث	OT DY ME	REV SEXTON					
6/25/90	(512)		000		Title_			`	1 1 1 1 1 1 1 1 1 1	17 JA					
Date		Telep	hone	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.
 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.

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OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.		IO IN	ALA O	roni o	IL WIND IAN	II DUVE G				
Operator							Well 2	API No.	15-D	<u> 3つ</u> 4 つ
Sirgo Operating,	Inc.							معران الما	(5 C)	
P.O. Box 3531	Midla	ınd, Tex	225	79702						
Reason(s) for Filing (Check proper box)		1114, 102	145	73702	Ot	her (Please exp	lain)		 	
New Well		Change in	Trans	sporter of:	Ch	ange in	operato	r from A	Armstron	g Energy
Recompletion	Oil	Ц	Dry	_	to	Sirgo O	peratin	g effect	ive Jul	y 1, 1989
Change in Operator	Casingh	ead Gas	Cond	den sate						
		Energy	, Co	orp. I	2.0. Box	1973	Roswell	, New Me	exico 8	8201
II. DESCRIPTION OF WELL Lease Name	AND LE		T						γ	
West Pearl Queen Unit		156		earl (Qu	ding Formation ieen)			of Lease Federal or Fe		1638
Unit Letter	<u>. 23</u>	10	. Feet	From The	outh Lin	ne and 198	<u>0</u> ,	ect From The	East	L Line
Section 31 Townshi	ip 195		Rang	35	E ,N	мрм,	Lea	/		Соилту
III. DESIGNATION OF TRAN	SPORTI	ER OF O	L A	ND NATU	JRAL GAS	$\mathcal{T}A$	I	neti	in h	1011
Name of Authorized Transporter of Oil	[]	or Conden				ve address to w	hich approved	Copy of this	form is to be se	<u>r")</u>
Name of Authorized Transporter of Casin	ghead Gas		or Dr	y Gas	Address (Gir	ve address to wi	hich approved	copy of this	form is to be se	eni)
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge	ge. Is gas actually connected? When ?					
If this production is commingled with that IV. COMPLETION DATA	from any ot	her lease or	pool, g	give comming	ling order num	ber:				
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.				Total Depth	·	<u> </u>	P.B.T.D.	<u> </u>	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth		
Perforations					<u> </u>	<u> </u>		b. i d i d		
								Depth Casin	g Shoe	
	•	TUBING,	CAS	ING AND	CEMENTI	NG RECOR	D	<u> </u>		
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET		SACKS CEMENT		
	<u> </u>				ļ <u> </u>					
					 		· · · · · · · · · · · · · · · · · · ·		 .	
V. TEST DATA AND REQUES					<u> </u>			<u> </u>		
OIL WELL (Test must be after re	covery of to	ial volume o	fload	oil and must	be equal to or	exceed top allo	wable for this	depth or be f	or full 24 hour.	s.)
Date First New Oil Run To Tank	Date of Ter	d			Producing Me	thod (Flow, pu	np, gas lift, et	(c.)		
Length of Test	Tubing Pre	ECI ID			Casing Pressu			Choke Size		
•	Tubing Pressure				Casing Fiessu	16		CHORE SIZE		
Actual Prod. During Test	Oil - Bbis.				Water - Bbls.		·	Gas- MCF		
GAS WELL				·	<u> </u>					
Actual Prod. Test - MCF/D	Length of	est			Bbls. Condens	ale/MMCF		Gravity of C	ndencate	
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressur	re (Shut-in)		Choke Size		
VI. OPERATOR CERTIFICA	TE OF	COMPL	IAN	NCE						
I hereby certify that the rules and regular	OIL CONSERVATION DIVISION									
Division have been complied with and the is true and complete to the best of my kn	JUL 2 6 1989									
	Re att	e vellel.		i	Date	Approved	l	001	L & U 10	
Julie Sodlie		· _								
Signature (By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR									
Printed Narile			ואוכוע	CT 1 SUPE	KAIZOK					
July 2/1989		71568 Teleph	ille 500e N	878	Title_					
<u></u>					1					

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CEIVED

JUL 25 1989

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