

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

OIL CONSERVATION DIVISION

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

WELL API NO.

30-025-03277

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.
E-5886

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

OTHER Injection

2. Name of Operator

Pyramid Energy, Inc.

3. Address of Operator

10101 Reunion Place, Ste. 210 San Antonio, TX 78216

4. Well Location

Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line

Section

32

Township

195

Range

35E

NMPM

Lea

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3718' GL

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: Locate casing leak & either TA or ☒
P&A well bore

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

March 7, 1994 this well failed a mechanical integrity test. To bring the well into compliance the following procedure will be performed.

- 1) Tag cement retainer at 4750' and circulate hole with mud laden fluid. Spot 25 sack cement plug on top of retainer.
- 2) Locate casing leak with tubing and packer.
- 3) Contact NMOCD and obtain instructions to TA well. If conditions exist that will not allow well to be TA, then the wellbore will be plugged and abandoned in accordance to NMOCD rules and regulations.

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

SIGNATURE

Scott Graef

TITLE

Operations Manager

DATE 05/27/94

TYPE OR PRINT NAME

Scott Graef

TELEPHONE NO. (210) 308-8000

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ORIGINAL FILED IN
DISTRICT BOOK NO. 1000

RECEIVED

JUN 02 1994

100-100000