District Office		* ************			_
DISTRICT I P.O. Bax 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		W API NO. 30-025-03281		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088			5. Indicate Type of Lease STATE X FEE		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lease E-5887		
					<b>7</b>
( DO NOT USE THIS FORM FOR PR	ICES AND REPORTS ON WELL OPOSALS TO DRILL OR TO DEEPEN O RVOIR. USE "APPLICATION FOR PERI C-101) FOR SUCH PROPOSALS.)	H PLUG BACK TO A	7. Lease Name or Unit A		
1. Type of Well:  OIL ONER TA - Oil Well  WELL OTHER TA - Oil Well			West Pearl Queen Unit		
2 Name of Operator Pyramid Energy, Inc.			8. Well No. 162		_
3. Address of Operator	Ste. 210 San Antonio	тх 782 <b>1</b> 6	9. Pool name or Wildcate Pearl Quee		
10101 Reunion Place,	Ste. 210 San Antonio	70210	1 July 2 day		_
4. Well Location Unit Letter I : 19	80 Feet From The South	Line and	Feet From The	East Lin	ne
Section 33	Township 195 Ran	ge 35E	NMPM Lea	County	77
	10. Elevation (Show whether L	0 <i>F, RKB, RT, GR, etc.</i> ) 3695' GL			
<u> </u>	Appropriate Box to Indicate N		Report or Other Da	ta	
		SI IS	SEQUENT REP	ORT OF:	
NOTICE OF IN	TENTION TO:	001		1	П
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	IG OPNS. LJ PLU	G AND ABANDONMENT	ب
PULL OR ALTER CASING		CASING TEST AND C	CEMENT JOB		П
OTHER: Locate casing lea		OTHER:			<u>—</u>
12. Describe Proposed or Completed Opework) SEE RULE 1103.	rations (Clearly state all pertinent details, an	d give pertinent dates, inc	luding estimated date of star	ing any proposed	
On May 5, 1994 the o	captioned well failed a ompliance, the following	casing integri procedure wil	ty test. In or l be performed:	der to bring	
1) Locate cas:	ing leak with tubing and	packer.			
	k cement plug on top of aden fluid.	CIBP at 4700'	and circulate t	he hole	
conditions	OCD District Office and exist that will not all dabandoned in accordance	ow the well to	be TA, then it	shall be	<del></del>
I hereby certify that the information above is	true and complete to the best of my knowledge and	1 bdić.			
1.4/1./-	π	Operations	Manager	DATE 05/18/94	
SKINATURE SCOTT	Graef	· · · · · · · · · · · · · · · · · · ·		TELEPHONE NO. (210) 30	8-8000 ===
(This space for State Use)		ORIGINAL FIGHT	SUPLAVISOR	· · · · · · · · · · · · · · · · · · ·	14
APPROVED BY	Т	TLE		DATE	

CONDITIONS OF APPROVAL, IF ANY:

## RECEIVED

May 2 3 1994

OFFICE