

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. 30-025-03283
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-5841
7. Lease Name or Unit Agreement Name WEST PEARL QUEEN UNIT
8. Well No. 140
9. Pool name or Wildcat PEARL QUEEN UNIT
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3730' GL

**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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTION <input type="checkbox"/>
2. Name of Operator PYRAMID ENERGY, INC.
3. Address of Operator 10101 REUNION PLACE, SUITE 210 SAN ANTONIO, TX 78216
4. Well Location Unit Letter D : 660 Feet From The NORTH Line and 660 Feet From The WEST Line Section 33 Township 19S Range 35E NMPM LEA County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: TA WELLBORE <input checked="" type="checkbox"/>

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.

6/2/94 BAKER CEMENT RETAINER WAS SET AT 4675' AND HOLE LOADED WITH FRESHWATER.  
CASING WAS TESTED TO 325 PSI FOR 30 MINUTES. TEST WAS WITNESSED BY  
MR. B. HILL FOR THE NMOCD. WELLBORE TEMPORARILY ABANDONED.

This Approval of Temporary Abandonment Expires 6-1-99

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 6/14/94  
TYPE OR PRINT NAME SCOTT GRAEF TELEPHONE NO. 210-308-8000

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JUN 22 1994

CONDITIONS OF APPROVAL, IF ANY:

JCB

bn

