Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office		A L XXXX TYCH CAN I			
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO.			
			30-025-03286		
P.O. Drawer DD, Artesia, NM 88210	·		5. Indicate Type of Lea	STATE X FEE	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lease No. E-5841		
CUMPRY MOTIC	ES AND REPORTS ON WEL				
(DO NOT USE THIS FORM FOR PROP DIFFERENT RESERV	POSALS TO DRILL OR TO DEEPEN FOR USE "APPLICATION FOR PER 01) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit	Agreement Name	
I. Type of Well: OIL GAS WELL OTHER Injection			West Pearl Queen Unit		
2. Name of Operator			8. Well No.		
Pyramid Energy, Inc.			143		
3. Address of Operator 10101 Reunion Place, Ste. 210 San Antonio, TX 78216			9. Pool name or Wildcat Pearl Queen		
4. Well Location Unit Letter A 660	Feet From TheNorth	Line and 660	Feet From The	East Line	
33	100	35E	 ымым Lea	County	
Section	Township 193 Ra ///// 10. Elevation (Show whether a	ige	NMPM Lea		
		3697 GL		//////////////////////////////////////	
11. Check A	ppropriate Box to Indicate I	Nature of Notice, R	eport, or Other D	ata :	
NOTICE OF INTENTION TO:			BSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	AL	TERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	G OPNS. DPL	UG AND ABANDONMENT	
			FAND CEMENT JOB		
OTHER: Convert			to injection	x	
12. Describe Proposed or Completed Operati	ons (Clearly state all pertinent details, ar	l give pertinent dates, incli	iding estimated date of sta	urting any proposed	
work) SEE RULE 1103.		•	-		
44 /06 /01 01		nd formation d	From 4812! to	/875! Ran	
11/06/91 Clean out to 145 jts.	scale, junk, cement a of 2 3/8" internally p	nd formation i lastic coated t	tubing and Mod	el AD-1 tension	
11/14/91 packer.	Circulated hole with p	acker fluid and	i set packer @	4582'.	
Pressured	annulus to 500 psi an	d ran state tes	st. Perforate	the Upper	
	mation through tubing 4696'-4870'.	4696'-4702' and	1 4730'-4742'.	Injection	
Interval .					
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I hereby certify that the information above is true	and complete to the best of my knowledge and	l balia.			
A. H. H. L.		Operations	Manager ·	DATE 05/11/94	
SIGNATURE CONTRACTOR	π	ne			
TYPEOR PRINT NAME Scott Gr	aef			TELEPHONE NO.	
(This space for State Use)		ORIGINAL SIGNAD S DISTRICT I SU			
ATTENDATED BY	π	TLE		_ DATE	
APPROVED BY		٠.			

JCBN

6-1-94

