

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

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

WELL NO.	0-025-03302
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	E-5839

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 San Antonio, TX 78216

4. Well Location

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

Section 34 Township 19S Range 35E NMPM Lea County

7. Lease Name or Unit Agreement Name
East Pearl Queen Unit

8. Well No.
46

9. Pool name or Wildcat
Pearl Queen

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3706' DF

11.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

OTHER: _____

PLUG AND ABANDON

CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK

COMMENCE DRILLING OPNS.

CASING TEST AND CEMENT JOB

OTHER: 5 yr. Mechanical Integrity Test on
T.A. Wellbore

ALTERING CASING

PLUG AND ABANDONMENT

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.

5/5/94 Ran Mechanical Integrity on temporarily abandoned wellbore as per NMOC Rules and Regulations. Pressured casing to 300 psi, casing held. Pressure chart is attached.

This Approval of Temporary Abandonment Expires 5-1-99

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 05/10/94

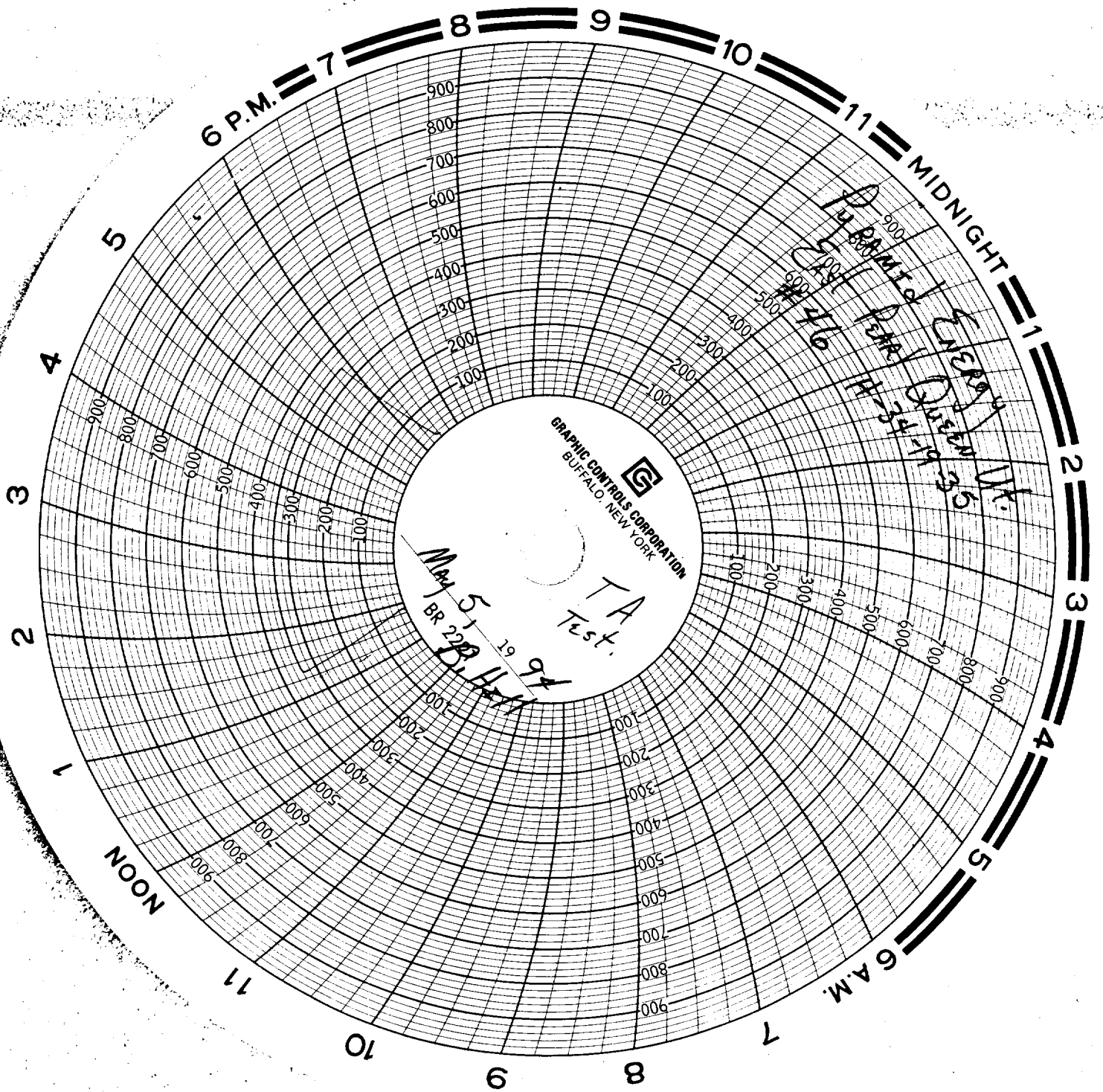
TYPE OR PRINT NAME Scott Graef TELEPHONE NO. (210) 308-8000

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

TA Test
May 5 19 94
BR 228
D. H. H.

PARALLEL ENERGY
P. 34-1935