Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Azzec, NM 87410		-	BLE AND AUTI L AND NATUR				
Operator Operator					Well API No.		
Pyramid Ene			30-025-20114				
Address	Pedro Cuito 7	00	Can A-+		2		
Reason(s) for Filing (Check proper box)	edro, Suite 7		San Antonio, Other (Ple	<u>Texas 1823</u> ase explain)	2		
New Well		Transporter of:	Change	e in operato	r from Sir	go Operating,	
Recompletion	Oil	Dry Gas		to Pyramid E			
Change in Operator X	Casinghead Gas	Condensate	July	1, 1990.			
If change of operator give name and address of previous operatorSi	rgo Operating	, Inc. P.	0. Box 3531	Midland, T	exas 79702	2	
II. DESCRIPTION OF WELL	ANDIFASE						
Lease Name		Pool Name, Inclu	ding Formation	Kind	of Lease	Lease No.	
West Pearl Queen Un	iit 157	Pearl (Queen)	State,	Federal or Fee	E-1638	
Location	2210			000	-		
Unit Letter	:2310	_ Feet From The _	South Line and	990 Fe	et From TheE	ast Line	
Section 31 Towns	nip 19S	Range 35E	, NMPM,	Lea		County	
III. DESIGNATION OF TRA				-			
Name of Authorized Transporter of Oil Shell Pipeline Comp	x or Conde	nsale		ess to which approved			
Name of Authorized Transporter of Casi		or Dry Gar		1910 Midlan			
Warren Petroleum Phillips 66 Natural	Gas Co. GPN	1 Gas Corpora	Address (Give address of P 0 Box	1589 Tulsa,	OK 74102	60 de seruj	
If well produces oil or liquids,	Unit Sec. EFI	Lizerbia di si disti	Is gas setually conn	ected? When	7	}_	
give location of tanks.	B 32	19S 35E	Yes		March 1959		
If this production is commingled with tha IV. COMPLETION DATA		 ,					
Designate Type of Completion	1 - (X) Oil Wel	I Gas Well	New Well World	kover Deepen	Plug Back Same	e Res'v Diff Res'v	
Date Spudded	Date Compl. Ready t	o Prod.	Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing F	ormation	Top Oil/Gas Pay		Tubing Depth		
Perforations					Depth Casing Shoe		
					Lepth Casing Sho	•	
	TUBING	CASING AND	CEMENTING R	ECORD	1		
HOLE SIZE	CASING & T			'H SET	SACK	S CEMENT	
*							
							
<u> </u>			+				
V. TEST DATA AND REQUE					<u> </u>		
OIL WELL (Test must be after	recovery of total volume	of load oil and mus				! 24 hours.)	
Date First New Oil Run To Tank	Date of Test		Producing Method (i	Flow, pump, gas lift, e	(c.)		
Length of Test	Tubing Pressure		Casing Pressure		Choke Size		
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.	Water - Bbls.		Gas- MCF	
GAS WELL			<u> </u>				
Actual Prod. Test - MCF/D	Length of Test		Bbls, Condensate/MI	MCF	Gravity of Conden	sate	
			COMMUNICATION AND AND AND AND AND AND AND AND AND AN		Greatly of Condensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size		
VI. OPERATOR CERTIFIC	CATE OF COME	LIANCE					
I hereby certify that the rules and regu	lations of the Oil Conser	vation	II OIL (CONSERVA	ATION DIV	ISION	
Division have been complied with and is true and complete to the best of my	that the information giv	en above					
/ II W	LIOWINGE AND DELICI.		Date App	roved	····	***	
Seath Sharl						·	
Signature			By	·			
Scott Graef . Printed, Name,	Production			•		e ya eren yaxio Tarah QB	
6/25/90	(512) 490-5	Title 000	Title				
Date		phone No.					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.