

OIL CONSERVATION DIVISION

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

Submit 5 Copies
Appropriate District Office
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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Pyramid Energy, Inc.	Well API No. 30-025-31022
Address 14100 San Pedro, Suite 700 San Antonio, Texas 78232	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name West Pearl Queen Unit	Well No. 204	Pool Name, Including Formation Pearl (Queen)	Kind of Lease State, Federal or Fee	Lease No. E-5841
Location Unit Letter D ; 1310 Feet From The North Line and 1310 Feet From The West Line Section 33 Township 19S Range 35E , NMPM , Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910 Midland, Texas 79702			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Phillips 66 Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) GPM Gas Corporation P.O. Box 1589 Tulsa, OK 74102 4000 Denbrook Odessa, TX 79762			
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 32	Range 19S 35E	Is gas actually connected? Yes When?

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10/21/90	Date Compl. Ready to Prod. 11/19/90	Total Depth 5100'		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) 3714 GR	Name of Producing Formation Queen	Top Oil/Gas Pay		Tubing Depth 4922'				
Perforations 4769-4779, 4912-4922, 4978-4984, 4989-4992, 4997-5000			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		416'		250 sx.			
7 7/8"	5 1/2"		5100'		1080 sx. cmt.			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank 11/27/90	Date of Test 11/27/90	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure 20	Choke Size
Actual Prod. During Test	Oil - Bbls. 14	Water - Bbls. 250	Gas - MCF TSTM

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Scott Graef
Signature
Scott Graef Production Engineer
Printed Name
12/14/90 (512) 490-5000
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **DEC 17 1990**
By **Paul Bantz**
Title **Inspector**

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.