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

State of New Mexico
....ergy, 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

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWARI F AND AUTHORIZATION

<b>I.</b>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TO TRAI	NSPORT O		ATURAL G					
Operator	Well API No.									
Pyramid Energy, 1				30-025-31023						
Address	Ct.			_	701	216				
10101 Reunion Pla	ace, ste	210	San Anton		her (Please exp	216				
New Well		Change in I	ransporter of:	~	iter to seme exb	ww				
Recompletion	Oil		Ory Gas							
Change in Operator	Casinghea	d Gas 🔲 (	Condensate	`.						
If change of operator give name and address of previous operator										
•	ANINE	CD	· · · · · · · · · · · · · · · · · · ·			<del> </del>				
II. DESCRIPTION OF WELL Lease Name	AND LEA		hol Name Inches	lina Farmatian	·	71-4	of 1	<del></del>	Nt-	
West Pearl Que	en unit   Well No.   Pool Name, Inclu 205   Pearl (			- · ·			of Lease Federal or Fe	of Lease No. Federal or Fee Ex5841		
Location	Ł	<u>-</u>		<del>queen)</del>				143	2041	
Unit LetterC	_ , 1	310	eet From The	North	26.	30 -	eet From The	West	T :	
				Ld1		r	eet Floin The		Li	ne
Section 33 Townsh	ip 198	S R	ange 35E	. N	MPM,	Lea			County	
III DESIGNATION OF TO AN	icnonmei	0.00.011	4 3 170 3 1 4 mm							
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	EC	11 d. app	by Pipeline	KAL GAS	ve eddress is w	high gamessa	l name of this i	fanns fa ta ba a	4\	
EOTT Oil Pipeline Co	Lx )mpanv	Effecti	ve 4-1-94	P.O. Bo	× 4666					
Name of Authorized Transporter of Casin	Dry Gas	P.O. BOX 4666 Houston, Texas 77210-4660  Address (Give address to which approved copy of this form is to be sent)					1-4666 (nt)			
Warren Petroleum / 2001 Can Can				P.O. Box 1589 Tulsa, OK 74					,	
If well produces oil or liquids, give location of tanks.	Unit .	Sec. 6 T		ls gas actuall	y connected?	When				
f this production is commingled with that			19S  35E	Yes		<u>M</u> a	rch 195	9		
V. COMPLETION DATA	HOIR MAY OUSE	a serse or boo	x, give comming	ing order num	Dec:	<del></del>	······································			
		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		<u>i</u>	<u>i</u>	i						
Date Spudded	Date Compl.	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	No. of D				Top Oil/Gas Pay					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top OluGas Pay			Tubing Depth			
Perforations							Depth Casing Shoe			
							Depui Casiui	g Siloe		
	CEMENTIN	NG RECORI								
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
	ļ <del></del> —	<del></del>			·. ···					
. TEST DATA AND REQUES	T FOR AL	LOWABI	LE		<del></del>	<u>_</u>			<del></del>	
				be equal to or i	exceed top allow	vable for this	depth or be fo	or full 24 hour	e )	
Date First New Oil Run To Tank	t be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)									
	<u> </u>									
ength of Test	Tubing Press	ите		Casing Pressur	<b>E</b>		Choke Size		-	
ctual Prod. During Test Oil - Bbls.			Water - Bbls.			Gas- MCF				
Ou Bole.				Walet - Duis.			GB- MCF			
GAS WELL					<del></del>	i			·	
ctual Prod. Test - MCF/D	Length of Tea	et .	· · · · · · · · · · · · · · · · · · ·	Bbls. Condens	35/VAV/CB		C			
				DOIL CONCENSIONALIST .			Gravity of Co	ncentale		
sting Method (pitot, back pr.)  Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			$\dashv$
			ĺ							
I. OPERATOR CERTIFICA	TE OF C	OMPLL	ANCE				,			
I hereby certify that the rules and regulati	ions of the Oil	Conservation	, li	0	IL CONS	SERVA	TION D	IVISIO	V	
Division have been complied with and the is true and complete to the pest of my kn	at the information	tion given ab	ove	,						
and the peak of th	∖ ∖ Autorike mid û	veliet.		Date /	Approved	<u></u>				
Soft Thank				urig. Signed by						
Signature				By Jerry Sexton						
Scott Graef Printed Name / /	# Produc	ction E		•		Dist 1, Su	D.A.	<del></del>		_
Printed Name 11/5/93	(030)	Title		Title_						
Date	(210)	308-80 Telephone								

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.