

Office

NM 88240

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

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**

I.

Operator <b>Pyramid Energy, Inc.</b>	Well API No. <b>30-025-31106</b>
Address <b>14100 San Pedro, Suite 700 San Antonio, Texas 78232</b>	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <span style="margin-left: 100px;">Change in Transporter of:</span> Recompletion <input type="checkbox"/> <span style="margin-left: 100px;">Oil</span> <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> <span style="margin-left: 100px;">Casinghead Gas</span> <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 <b>East Pearl Queen Unit</b>	Well No. <b>77</b>	Pool Name, Including Formation <b>Pearl (Queen)</b>	Kind of Lease State, Federal <input checked="" type="radio"/> Fee	Lease No.
Location Unit Letter <b>I</b> : <b>2563</b> Feet From The <b>South</b> Line and <b>40</b> Feet From The <b>East</b> Line Section <b>28</b> Township <b>19S</b> Range <b>35E</b> , <b>NMPM</b> , 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"/> <b>Shell Pipeline Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1910 Midland, Texas 79702</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Warren Petroleum Phillips 66 Natural Gas Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1589 Tulsa, OK 74102 4001 Penbrook Odesa, TX 79762</b>
If well produces oil or liquids, give location of tanks. Unit <b>B</b> Sec. <b>32</b> Twp. <b>19S</b> Rge. <b>35E</b>	Is gas actually connected? <b>Yes</b> When?

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 <b>12/22/90</b>	Date Compl. Ready to Prod. <b>02/25/91</b>	Total Depth <b>5025'</b>		P.B.T.D. <b>4934'</b>				
Elevations (DF, RKB, RT, GR, etc.) <b>3719' GR</b>	Name of Producing Formation <b>Queen</b>	Top Oil/Gas Pay <b>4688'</b>		Tubing Depth <b>4685'</b>		Depth Casing Shoe		
Performances <b>4688-4698, 4800-4807, 4855-4859, 4867-4869</b>								
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
<b>12 1/4"</b>	<b>8 5/8"</b>	<b>406</b>		<b>250 sx, cir 65 sx.</b>				
<b>7 7/8"</b>	<b>5 1/2"</b>	<b>4995</b>		<b>700 sx, cir 120 sx.</b>				

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 <b>03/01/91</b>	Date of Test <b>02/27/91</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure	Casing Pressure <b>50 psi</b>	Choke Size
Actual Prod. During Test <b>1 BBL - oil</b>	Oil - Bbls. <b>1</b>	Water - Bbls. <b>345</b>	Gas-MCF <b>TSTM</b>

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**  
Printed Name  
Production Engineer  
Title  
**(512) 490-5000**  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 20 1991

By ORIGINAL SIGNATURE  
DISTRICT SUPERVISOR

Title \_\_\_\_\_

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.