

District I
 PO Box 1980, Hobbs, NM 88241-1980
 District II
 PO Drawer DD, Artesia, NM 88211-0719
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 PO Box 2088, Santa Fe, NM 87504-2088

STATE OF NEW MEXICO
 Energy, Minerals & Natural Resources Department

Form C-104
 Revised February 10, 1994
 Instructions on back
 Submit to Appropriate District Office
 5 Copies

OIL CONSERVATION DIVISION
 PO Box 2088
 Santa Fe, NM 87504-2088

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address XERIC OIL & GAS CORPORATION 200 NORTH LORRAINE, SUITE 1111 MIDLAND, TX 79701		OGRID Number 25482
Reason for Filing Code CH - EFFECTIVE 6/15/94		
API Number 30-025-03343	Pool Name PEARL QUEEN	Pool Code 49780
Property Code 009436 15434	Property Name SOUTH PEARL QUEEN Unit	Well Number 24

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South Line	Feet from the	East/West line	County
C	9	20S	35E		330	NORTH	1980	WEST	LEA

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County
C	9	20S	35E		330	NORTH	1980	WEST	LEA

Lee Code F	Producing Method Code P	Gas Connection Date 6-12-66	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date
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III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
037480	EOTT OIL PIPELINE CO. P O BOX 4666 HOUSTON, TX 77210-4666	2186510	O	D-03-20S-35E LEA COUNTY, NM

IV. Produced Water

POD 2186550	POD ULSTR Location and Description D-03-20S-35E LEA COUNTY, NM
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V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Cog. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

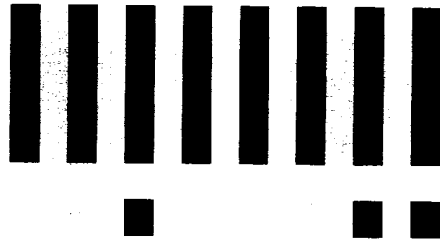
I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
 Signature:

Printed name: RANDALL CAPPS
 Title: PRESIDENT
 Date: 3/9/94
 Phone: (915) 683-3152

OIL CONSERVATION DIVISION
 Approved by: ORIGINAL SIGNED BY JERRY SEXTON
 DISTRICT I SUPERVISOR
 Title:
 Approval Date: AUG 05 1994

If this is a change of operator fill in the OGRID number and name of the previous operator
 Previous Operator Signature: SCOTT GRAEF
 Printed Name: OPERATIONS MANAGER
 Title: OPERATIONS MANAGER
 Date: 6-20-94
 018223
 PYRAMID ENERGY, INC.

ONE
 ✓



LTR



Job separation sheet

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

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

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator Pyramid Energy, Inc.	Well API No. 30-025-03343
Address 10101 Reunion Place, Ste. 210 San Antonio, Texas 78216	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" 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 South Pearl Queen unit	Well No. 24	Pool Name, including Formation Pearl (Queen)	Kind of Lease State <input checked="" type="checkbox"/> Federal or Fee	Lease No. LC065649
Location Unit Letter C : 330 Feet From The North Line and 1980 Feet From The West Line Section 9 Township 20S 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 COTT Energy Pipeline LP EOTT Oil Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Box 4666 Houston, Texas 77210-4666
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ? D 3 20S 35E Yes 6-12-66

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

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
 Date **11/16/93** Telephone No. **(210) 308-8000**

OIL CONSERVATION DIVISION

Date Approved **NOV 29 1993**

By **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I 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.