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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		O INA	NOC	<u> </u>	- YIAD IAW	TURAL GA				
Operator Purposid Energy Inc.						Well API No. 30-025-03170				
Pyramid Energy, In			* *				<u></u>	323 031		
10101 Reunion Plac	ce, Ste	. 210	San	Antoni						
Reason(s) for Filing (Check proper box)		Channe !- '	Текто	eter of	LJ Oth	er (Please expl	ain)			
New Well	Oil	Change in	Transpo Dry Ga							
Change in Operator	Casinghead	_	Conden	_						
If change of operator give name and address of previous operator	-angires		~							<u>,</u>
II. DESCRIPTION OF WELL	AND LEA	SE								
Lease Name West Pearl Queen With 101 Pool Name, Include 101 Pearl (0							ind of Lease No. Lease No. LC=069704-A			
Location				······································	<u> </u>		<u>.</u>			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Unit LetterO	- :3	330	Feet Fro	om The $\frac{SC}{C}$	outh Lin	e and	<u> </u>	et From The	East	Line
Section 20 Township	, 19S		Range	35E	, N	мрм,	Lea			County
III. DESIGNATION OF TRAN				D NATU						
Name of Authorized Transporter of Oil	1-0-1	or Condens	tale		1	e address to wi				
EOTT Oil Pipeline Company P.O. Box 4666 Houston, Texas 77210-2 Name of Authorized Transporter of Casinghead Gas										
Name of Authorized Transporter of Casinghead Gas or Dny Gas Warren Petroleum					P.O. Bo		<i>uch approved</i> Tulsa,			
well produces oil or liquids, Unit Sec. Twp. Rge				Rge	ļ		When			
give location of tanks.	location of tanks.		32 19S 35E		Yes	Ma	March 1959			
If this production is commingled with that f	rom any othe	r lease or p	ool, giv	e commingl	ling order num	ber:				
IV. COMPLETION DATA		Oil Well) G	las Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion - (X)		l			1 B	<u> </u>	<u> </u>	L	<u></u>	1
Date Spudded Date Compl. Ready to Prod.					Total Depth			P.B.T.D.		
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth		
Perforations					Depth Casing Shoe					
	TUBING, CASING AND				CEMENTI	NG RECOR	D			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
										
		· · ····			<u> </u>					
V. TEST DATA AND REQUES' OIL WELL (Test must be after re)	il and must	he soud to on	evesed top allo	wahle for this	denth or he i	for full 24 hour	·•)
Date First New Oil Run To Tank Date of Test					be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure				Casing Pressu	re		Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF		
	J., J									
GAS WELL		····								**************************************
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFICA	TE OF	COMPI	JAN	CE						
I hereby certify that the rules and regular					(OIL CON	SERV	I NOITA	DIVISIO	N
Division have been complied with and that the information given above										
is true and complete to the best of my knowledge and belief.					Date Approved					
Soft Land					Figure 1 Signed his					
Signature Scott Graef Production Engineer					By Sexton					
Scott Gradf Printed Name 102		7	Title	ıneer	 Title		ist I. Sugi	3.		
11/5/73	(210)	308-8	8000					· ·	· · · · · · · · · · · · · · · · · · ·	

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.