Submit 3 Copies to Appropriate District Office	propriate Energy, Milleraus and Matural Resources Department				Revised 1-1-89	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL C: SERVATION DIVISION P.O. Box 2088					WELL AL NO. 30-025-03172	
Santa Eo Nove Marico 87504-2088					5. Indicate Type of	Lease
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 6. State 0						STATE FEE
(DO NOT USE THIS F	FORM FOR PRO	ICES AND REPORTS DPOSALS TO DRILL OR T RVOIR. USE "APPLICATIC -101) FOR SUCH PROPOS	7. Lease Name or Unit Agreement Name			
Type of Well: OL OAS OTHER TA-Injection					East Pearl Queen Unit	
2 Name of Operator Pyramid Energy, Inc.					8. Well No. 13	
3. Address of Operator 10101 Reunion Place, Ste. 210 San Antonio, TX 78216					9. Pool name or Wildcat Pearl Queen	
4. Well Location						
Unit Letter	P :66	0 Feet From TheS	outh	Line and6	60 Feet From	The East Line
Section		Township19S 10. Elevation (S	Rat Thow whether L 3750 °DI	OF, RKB, RT, GR, etc.)	NMPM	Lea County
11.		Appropriate Box to	Indicate N	lature of Notice, I	Report, or Other	Data
NOT		TENTION TO:		SU	BSEQUENT F	
PERFORM REMEDIAL WORK						
TEMPORARILY ABAND		CHANGE PLANS		COMMENCE DRILLIN		PLUG AND ABANDONMENT
PULL OR ALTER CASI	NG 🗌			CASING TEST AND		
	·			OTHER:		
 Describe Proposed o work) SEE RULE 1 		rations (Clearly state all perti-	rent details, an	d give pertinent dates, inc	luding estimated date (of starting any proposed
05/16/94	Set CIBP	at 4400' above	existing	g cement plug	and tested c	asing. Casing leaked.
06/01/94 to 06/03/94	on top o plugging squeezed 10 sack	f plug. Located instructions fr leak to 500 psi	l casing com NMOCI L. Tagge surface.	leak at 980' D. Spotted 50 ed top of ceme Cut off well	with tubing sacks of ce nt inside ca head 3' belo	ed 25 sacks of cement and packer. Obtained ment at 999' and sing at 538'. Set w ground level and
				:		
I hereby certify that the in	formation above is	the and complete to the best of m		stadia. π.εOperations	Manager	DATE 06/20/94
SIONATURE	Hough		π			TELEPIKONE NO. (210) 308=8000
TITE OR PRINT NAME	Scott Gr	aef	· · · · · · · · · · · · · · · · · · ·			
(This space for State Use)	Yami h	1. Lie		^{ск} аларын _{ал} ар.	^{de} si os ita⊈	DATE
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