to Appropriate District Office	Energy, Minerais and Natural Kesources Department			Revised 1-1-89	
<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240	NM 88240 OIL COINSERVATION DIVISION P.O. Box 2088		WELL API NJ.	25-03172	
ISTRICT II O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088		5. Indicate Type of Le			
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Le		
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name		
1. Type of Well: OIL OAS WELL WELL				East Pearl Queen Unit	
2. Name of Operator Pyramid Energy, Inc.				8. Well No.	
3. Address of Operator 10101 Reunion Place	, Ste. 210 San Antonio	, TX 78216	9. Pool name or Wild Pearl Quee		
4. Well Location Unit LetterP:660 Feet From TheSouthLine and660 Feet From TheEastLine					
Section 21	Township 195 Rar 10. Elevation (Show whether 1 3750		NMPM	Lea County	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data					
NOTICE OF IN	TENTION TO:	SUE			
PERFORM REMEDIAL WORK					
			GOPNS. DPL		
PULL OR ALTER CASING CASING TEST AND C					
OTHER: Locate casing lea	k & either TA or X	OTHER:	· · ·		
P&A wellbore. 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.					
at 4400' immediatel was TA 09/20/72. T Test ran 05/25/94. compliance: l) Tag CIBP a cement plu	e Mechanical Integrity y above the existing 80 he wellbore was reteste The following procedur t 4400' and circulate h g on top of CIBP. ing with packer and tuk) sack cement p ed and again fa ce will be perf nole with mud l	lug that set will be the mechanism or med to brind	when the well anical Integrity g the well into	
3) Contact NM conditions	OCD District Office and exist that will not al lugged and abandoned ir	l obtain instru Llow well to be	TA, then the	wellbore	
	ic and complete to the best of my knowledge and		Manager	DATE 05/27/94	
$\sim I'$	Graef			теlерноме но(210) 308-8000	
(This space for State Use)		OR-ODIAL CARE -			
APTROVED BY	π	ne		DATE	

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