

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

OIL CONSERVATION DIVISION

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

WELL API NO.

30-025-03173

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

OTHER TA-Oil Well

2. Name of Operator

Pyramid Energy, Inc.

3. Address of Operator

10101 Reunion Place, Suite 210 San Antonio, Tx 78216

4. Well Location

Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East Line

Section 21

Township 19S

Range 35E

NMPM

Lea

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3758' DF

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: Locate casing leak and either TA or ☒

Plug and abandon

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

This well failed a mechanical integrity test. To bring the well into compliance the following procedure will be performed:

- 1) RIH with tubing and spot 25 sacks of cement on CIBP at 4400' (note: CIBP was set 5/15/94 above existing 60 sk cement plug). Circulate hole with mud laden fluid.
- 2) Locate casing leak with tubing and packer.
- 3) Contact NMOCD District office and obtain instructions to TA well. If conditions exist that will not allow well to be TA, then it shall be plugged and abandoned with NMOCD rules and regulations.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Scott Graef

TITLE

Operations Manager

DATE 5/31/94

TYPE OR PRINT NAME

Scott Graef

TELEPHONE NO. 210-308-8000

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JUN 12 1964

OCLETON
OFFICE