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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

Operator							Well	171 NO.	E 0217E		
Pyramid Energy, In	ic.							30-02	5-03175		
Address										-	
14100 San Pedro, S	uite 70	00	San	Anton	o, Texas						
Reason(s) for Filing (Check proper box)		~	r	-4 <b>6</b> -		er ( <i>Please expla</i> nange in		r from	Sirgo Op	erating.	
New Well	Well Inc to Pyramid									1	
Recompletion	Oil Casinghead		Dry Ga Conden			ily 1, 19					
If above of country give name			<del></del>					<u> </u>			
and address of previous operator	go Oper		Inc	<u>.                                    </u>	P.O. Box	3531	Midlan	d, Texa	s 79702	· · · · · · · · · · · · · · · · · · ·	
II. DESCRIPTION OF WELL AND LEASE						<del></del>	Vind.	of Leace	Lease No.		
ease Name East Pearl Queen Unit Well No.   Pool Name, Includi								Federal or Fee			
Location											
Unit LetterN	.:6	60	Feet Fr	om The	South Lin	e and	30 Fe	et From The	West	Line	
Section 21 Township	195		Range	35	E , N	мрм,	Lea			County	
				D 314777	DAT CAC	1	/ 	, <b>(</b> ar			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  [Name of Authorized Transporter of Oil											
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)										ent)	
	<del></del> -				Is gas actuall	y connected?	When				
well produces oil or liquids, Unit Sec. Twp. Rge.								·			
If this production is commingled with that f  IV. COMPLETION DATA	rom any othe	r lease or p	ool, giv	e comming	ling order num	ber:					
Designate Type of Completion -	· (X)	Oil Well	7	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			
									Depth Casing Shoe		
Perforations								Depui Casii	ig Shoe		
	<u> </u>	LIBING (	CASI	NG AND	CEMENTI	NG RECORI	D	. <del>!</del>			
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
TIOLE GIZE						<u> </u>					
THE PART AND DECLIES	TEODA	I I OWA	DIE						<u>_</u>		
V. TEST DATA AND REQUES OIL WELL (Test must be after re				.:		aread ton allo	wahle for thi	e denth or he	for full 24 hou	ere l	
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Tes		ij ioaa i	ou ana mus		ethod (Flow, pu			,0, ,4, 5, ,6,		
Date I has 145% On Ivan 10 1 and Date Of 168							7,07,0	•			
Length of Test	Tubing Pressure				Casing Press	ıre		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
	<u> </u>				<u> </u>		<del></del>				
GAS WELL					TBU: 03	cote An ICT		Gravity of	Gravity of Condensate		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Concensure			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
	, , , , , , , , , , , , , , , , , , , ,										
VI. OPERATOR CERTIFICA	ATE OF	COMPI	LIAN	ICE				ATION	ביי או איני	NA I	
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above					JUN 2 9 1990						
is true and complete to the best of my knowledge and belief.					Date	Date Approved					
Seet Free											
Signature Production Francisco					∥ By <sub>oī</sub>	By ORIGINAL SIGNED BY JERRY SEXTON					
Scott Graef Production Engineer Printed Name Title					11	I DISTRICT I SUPERVISOR					
6/25/90	(512	) 490-		)	Title						
Date		T.1.	hone N	lo.	l <b>i</b>						

## 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.