Submit 3 Copies to Appropriate District Office

Energy, M

STATE OF THEM INTERMED als and Natural Resources Department Form C-103 Revised 1-1-89

OIL CONSERVATION DIVISION | WELL

	 	,
L API NO.		

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION		ELL API NO.
	P.O. Box 2088		30-025-03181
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088 Orawer DD, Ariesia, NM 88210		Indicate Type of Lease STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		6.	. State Oil & Gas Lease No.
(DO NOT USE THIS FORM FOR PE DIFFERENT RESE	TICES AND REPORTS ON WELL ROPOSALS TO DRILL OR TO DEEPEN (ERVOIR. USE "APPLICATION FOR PER C-101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	Lease Name or Unit Agreement Name
I. Type of Well: OUL GAS WELL WELL	onex Injec	1	East Pearl Queen Unit
2. Name of Operator		8	. Well No.
Pyramid Energy, Inc	2.		15
3. Address of Operator	G. 210 G. A. F.	i i	Pool name or Wildcat
10101 Reunion Place	e, Ste. 210 San Anton	10, IX /8216	Pearl Oueen
Unit Letter N : 69	Township 19S Ra		Feet From The West Line County
	3745	DF	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
11. Check	Appropriate Box to Indicate N		ort, or Other Data
	ITENTION TO:		EQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON X	CHANGE PLANS	COMMENCE DRILLING O	PNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEM	ENT JOB .
OTHER:		OTHER:	
12. Describe Proposed or Completed Opwork) SEE RULE 1103.	erations (Clearly state all pertinent details, an	1 ad give pertinent dates, includin	g estimated date of starting any proposed
	ction well has pressure orarily abandon the well	-	om a probable tubing leak. ne following precedure:
1) Set CIBP mud laden		k cement plug on	top. Circulate hole with
	test casing with a minim n a pressure chart.	num of 300 psi and	d record pressure for 30
		•	
	e e e e e e e e e e e e e e e e e e e	Maria de la compansión de	n formular of the new order
I hereby certify that the information above is	true and complete to the best of my knowledge and	l belief.	
SIGNATURE LEATH TO	т	ne Operations Mana	nger DATE_06/03/94
TYPE OR PRINT NAME S	cott Graef		TELEPHONE NO.
(This space for State Use)		Orig. Signed Faul Kan	
APTROVED BY	π	ne Geologis	
CONTINUES OF APPROVAL IF ANY-			