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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

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 Santa Fe, New Mexico 87504-2088
REQUEST FOR ALLOWABLE AND AUTHORIZATION

I		TO TRA	NSPC	RT OII	L AND NA	TURAL G	AS				
Operator						•	Well	Well API No. 30-025-03186			
Pyramid Energy, Inc.									3180		
10101 Reunion Pla	ce. Ste	. 210	San	Antoni	io. Texa	s 79	3216				
Reason(s) for Filing (Check proper box)						her (Please expl		····			
New Well		Change in									
Recompletion Oil Dry Gas  Change in Operator Casinghead Gas Condensate											
If change of operator give name	Camignesi	1025	Condens	#IE							
and address of previous operator			·					<del></del>		<del></del>	
II. DESCRIPTION OF WELL	AND LEA		,		· · · · · · · · · · · · · · · · · · ·		·				
Lease Name East Pearl Queen	Well No.   Pool Name, Includ			-			Kind of Lease Lease State, Federal of Fee		ease No.		
Location	n Unul   4   Pearl (0			ueen)			7.	~/			
Unit LetterE	:2080	)	. Feet From	n The	North Lie	ne and610	· F	eet From The	West	Line	
Section 22 Townshi	p 19	S	Range	3	5E , N	мрм,	I	ea		County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AND	NATU:							
Name of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent)					
EOTT Oil Pipèline Company					P.O. Box 4666 Houston, Texas 77210-4666  Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Warren Petroleum						ve <i>aaaress 10 wi</i> ox 1589		OK 74		ent)	
If well produces oil or liquids, give location of tanks.	Unit F					When	When ?				
If this production is commingled with that i	rom any othe	r lease or p	pool, give	commingl	ing order num	ber:					
IV. COMPLETION DATA	~	Oil Well	Ga	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion - Date Spudded		Pandu ta			Total Darth	<u> </u>	<u> </u>	<u> </u>	<u> </u>		
Date Spirited	Date Compi	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.		
Clevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations					<u> </u>			Depth Casing Shoe			
TUBING, CASING AND					CEMENTING RECORD			<u> </u>	<del></del>		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
									<del>.</del>		
V. TEST DATA AND REQUES OIL WELL (Test must be after re				and must	be equal to or	exceed top allo	wable for this	depth or be j	for full 24 how	rs.)	
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF				
GAS WELL				<u></u>				<del></del>			
Actual Prod. Test - MCF/D	Length of Te	st	<del> </del>		Bbls. Conden	sate/MMCF		Gravity of C	Condensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
A ODED ATOD CEDTERO	ATE OF	COL MY	TARTO	43	[			<u> </u>			
VI. OPERATOR CERTIFICATION  I hereby certify that the rules and regular				E		OIL CON	SERV	LAZOLTA	DIVISIO	N	
Division have been complied with and the	hat the inform	ation gives					NUV	Z 9 1993	)		
is true and complete to the best of my kr	nowledge and	belief.			Date	Approved	d				
Soft That					i	• •					
Signature					By GRIGINAL TIGNED BY JURRY SEXTON						
Scott Graef / Production Engineer					District 1 Soreross						
11/16/93	(210)		Title 8000		Title.			in the second	4.7		
Date	<u>, , , , , , , , , , , , , , , , , , , </u>		hone No.	<del></del>							

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.