b Appropriate Energy, Minerals and Natural Resources Department District Office				Revised 1-1-89	
DISTRICT I P.O. Box 1980, Hobbs, NM	88240 OIL CC	SERVATION P.O. Box 2088	DIVISION	WELL VO.	-025-03211
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210				5. Indicate Type of Lea	STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410				6. State Oil & Gas Lease No. E-8183 & E-8184	
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.)				7. Lease Name or Unit Agreement Name	
1. Type of Well:	GAS WELL	onex Injecti	ion	East Pearl	Queen Unit
2. Name of Operator				8. Well No.	
Pyramid Energy, Inc.				35 9. Pool name or Wildcat	
3. Address of Operator 10101 Reunion Place, Ste. 210 San Antonio, TX 78216				Pearl Queen	
4. Well Location				. 10	
Unit Letter	1 Foot From T	he <u>South</u>	Line and	660 Feet From It	
Section	27 Towaship 10. f	195 Rar levation (Show whether I	OF, RKB, RT, GR, etc.)	NMPM	Lea County
	Check Appropriate		9' DF Jature of Notice	Report or Other I	Data
11. NOT	ICE OF INTENTION T		SU	BSEQUENT RE	PORT OF:
PERFORM REMEDIAL	\square		REMEDIAL WORK		
TEMPORARILY ABAND			CASING TEST AND		
PULL OR ALTER CASIN		[]			
OTHER:		[_]	OTHER:		
12. Describe Proposed on work) SEE RULE 1	Completed Operations (Clearly sto 103.	ue all pertinent details, au	nd give pertinent dates, in	cluding estimated date of s	larring any proposed
06/01/94 to 06/02/94	plug. Located lea plugging instructi squeeze 2 1/2 bar: cement at 671' ins	k between 1029 ons from NMOCI rels into lea ide 4 1/2" cas	5' and 767' wi D. Spotted 35 K at 500 psi. Sing. Set 10	th tubing and sacks of ceme Wait on cemen sack cement pl	sacks of cement on packer. Obtained ent at 900' and at overnight. Tagged aug at surface. Cut erker. Well plugged
			-		
<u> </u>	formation about is top and complete to	the best of my knowledge a	ad beilef.		······································
I hereby certify that then signature	Mormalion Roberts and End antipale w			ons Manager	DATE06/20/94
TITE OR PRINT NAME	Scott Graef				TELETHONE NO. (210) 308-8000
(This space for State Use	Carny W. K	fiel			M
ONDITIONS OF APPROV	AL, IF ANY				

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