Submit 5 Copies
Appropriate District Office
DISTRICT 1
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., Aziec, NM 87410

T

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	TC	TRAN	SPORT O	L AND NA	TURAL GAS					
Operator					Well A			i		
Pyramid Energy, Inc.								30-025-03214		
Address 14100 San Pedro, S	uite 700) (San Anton	io Texa	s 78232					
Reason(s) for Filing (Check proper box)	<u> </u>	'	Jan Micon		ner (Please explain	n)				
New Well	a	nange in Ti	ansporter of:	CI	hange in o	perato	r from S	irgo Op	erating,	
Recompletion	Oil		ry Gas	Iı	nc. to Pyr	camid E	nergy, I	nc. eff	ective	
Change in Operator	Casinghead C		ondensate	Jī	uly 1, 199	90.				
If change of operator give name				D 0 D	2521	377.11	1 m	70700		
			Inc.	P.O. Bo	x 3531	Midlan	d, Texas	79702		
II. DESCRIPTION OF WELL						77:-4	f1		ase No.	
Lease Name East Pearl Queen U	een Unit 38 Pearl (Q				C			f Lease No. Federal of Fee		
Location P	66	0 _		South Lir	. 66	0 -	. w . m	East	T :	
Unit Letter	- :	F	eet From The _			ге	et From The _		Line	
Section 27 Township	, 19S	R	ange	35E , N	IMPM,	Lea		 	County	
III. DESIGNATION OF TRAN	SPORTER	OF OIL	AND NATI			ECTOR)				
Name of Authorized Transporter of Oil	OI	Condensa	LE	Address (Gi	ve address to whi	ch approved	copy of this fo	rm is to be se	nt)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit Se	xc. T	wp. Rge	e. Is gas actual	lly connected?	When	?			
If this production is commingled with that f	rom any other	lease or po	ol, give commin	gling order nur	nber:					
IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Dec'y	Diff Res'v	
Designate Type of Completion		on wen	Cas well	I New Well	1 1	Deepen	Tidg Dack	Same Res		
Date Spudded	Date Compl. Ready to Prod.			Total Depth	Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	s (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casing Shoe		
	TUBING, CASING AND			CEMENT	CEMENTING RECORD					
HOLE SIZE	CASIN	IG & TUB	ING SIZE		DEPTH SET			SACKS CEMENT		
					 .					
W MEGT DATA AND DEGUES	T FOD 41									
V. TEST DATA AND REQUES								6 11 0 4 1	ı	
OIL WELL (Test must be after re		volume of	load oil and mu					or full 24 how	·S.)	
Date First New Oil Run To Tank	Date of Test			Producing N	Method (Flow, pun	np, gas lift, e	IC.)			
Length of Test	Tubing Pressure			Casing Press	Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			Gas- MCF		
GAS WELL	1						J			
Actual Prod. Test - MCF/D	Length of Tes	it		Bbls. Conde	Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Press	ire (Shut-ir	n)	Casing Press	Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC	ATE OF C	OMPI	IANCE				1			
I hereby certify that the rules and regula					OIL CON	SERV	ATION [DIVISIO	N	
Division have been complied with and t						IIIN	29 199	U.	-	
is true and complete to the best of my k				D-1	o Annua::==		ig V 1⊄V	~		
11101	-			Date	e Approved					
Signature Signature				Bv	; ** _i , • _j	10 4 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	· · · · · · · · · · · · · · · · · · ·	AGTALES :	 	
Scott Graef Printed.Name	Produ		Engineer							
b/25/90	(512)	490-5		Title	9		***			

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.