DISTRICT I P.O. Box 1980, Hobbs, NM 88240  OIL C' IS	ERVATION DIVISION P.O. Box 2088	WE PI NO.
DISTRICT II Santa Fe.	New Mexico 87504-2088	30-025-03218
P.O. Drawer DD, Artesia, NM 88210		5. Indicate Type of Lease  STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPO	ORTS 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"		7. Lease Name or Unit Agreement Name
(FORM C-101) FOR SUCH PF		East Pearl Queen Unit
I. Type of Well:  OIL GAS WELL WELL	OTHER Injection	
2. Name of Operator		8. Well No.
Pyramid Energy, Inc. 3. Address of Operator		9. Pool name or Wildcat
10101 Reunion Place, Ste. 210	San Antonio, TX 78216	Pearl Queen
4. Well Location		
Unit Letter E: 1980 Feet From The	North Line and 66	Feet From The West Line
Section 27 Township 1	9S Range 35E	NMPM Lea County
10. Eleva	tion (Show whether DF, RKB, RT, GR, etc.) 3735 DF	
Check Appropriate Ro	x to Indicate Nature of Notice, I	Report or Other Data
NOTICE OF INTENTION TO:		BSEQUENT REPORT OF:
		ALTERING CASING
PERFORM REMEDIAL WORK PLUG AND A		
EMPORARILY ABANDON CHANGE PLA	INS COMMENCE DRILLIN	IG OPNS. L PLUG AND ABANDONMENT L
PULL OR ALTER CASING	CASING TEST AND C	CÉMENT JOB 🔲
OTHER: Locate casing leak and either	TA or X OTHER:	
plug and abandon well  12. Describe Proposed or Completed Operations (Clearly state all work) SEE RULE 1103.	pertinent details, and give pertinent dates, incl	luding estimated date of starting any proposed
	rity test. To bring the	well into compliance the following
procedure will be performed:		
<pre>1) Tag bridge plug at 4550' cement plug on top of br</pre>		mud laden fluid. Spot 25 sack
cement plug on top of bi	iage piug.	
2) Locate casing leak with	tubing and packer.	
3) Contact NMOCD District O	ffice and obtain instruct	ions to TA well. If conditions
·		hall be plugged and abandoned in
accordance to NMOCD rule		
	:	
	t of my banulados and balisf	
I hereby certify that the information above is true and complete to the best	Omaunti ana	Managor 06/06/04
SIGNATURE HEATTH STORY	mr Operations	Manager DATE _06/06/94
TYPEOR PRINT NAME Scott Graef		TELEPHONE NO. (210) 308-8
(This space for State Use)		MOSA SERION
/	ORIGINAL SIGNEL	V OT LEBEY SEXTON JUN 0 9 1994
APPROVED BY	mue	SUPERVISOR JUN 09 1994
CONDITIONS OF APPROVAL, IF ANY:	and the second s	Company of the Market Company of the

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