

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-03218

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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.)

1. Type of Well:
OIL WELL ☐ GAS WELL ☐ OTHER Injection

2. Name of Operator
Pyramid Energy, Inc.

3. Address of Operator
10101 Reunion Place, Ste. 210 San Antonio, TX 78216

7. Lease Name or Unit Agreement Name

East Pearl Queen Unit

8. Well No.
25

9. Pool name or Wildcat
Pearl Queen Unit

4. Well Location
Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line
Section 27 Township 19S Range 35E NMMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3735 DF

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Convert to Injection ☒

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

06/27/91 Fish rods and tubing out of wellbore. Drilled CIBP at 4825'. Cleaned
to out scale and fill to 4909'. Ran 148 jts. of 2 3/8" internally plastic
07/03/91 coated tubing and Baker Model AD-1 tension packer. Circulated annulus
with packer fluid and set packer at 4564'. Injection interval 4687'-4901'.
Pressured annulus to 500 psi and ran state test.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Scott Graef TITLE Operations Manager DATE 05/09/94
TYPE OR PRINT NAME Scott Graef TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

6-1-94
dp

RECEIVED

2008
OCD RUDDO
OFFICE