STATE OF THEM INTERNOOF

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P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 SUNDRY NOTIC (DO NOT USE THIS FORM FOR PRODIFFERENT RESER' (FORM C-1. Type of Well: OIL WELL OAS WELL OZ. 2. Name of Operator Pyramid Energy, Inc. 3. Address of Operator 10101 Reunion Place, 4. Well Location	Ste. 210 San Antonio, TX 7823 Description Feet From The South Line and Township 195 Range 35E 10. Elevation (Show whether DF, RKB, RT, GR	30-025-03220 5. Indicate Type of Lease STATE X FEE 6. State Oil & Gas Lease No. E-5838 TO A 7. Lease Name or Unit Agreement Name EAST PEARL QUEEN UNIT 8. Well No. 32 9. Pool name or Wildcat PEARL QUEEN 1980 Feet From The West Line NMPM Lea County
SUNDRY NOTICE (DO NOT USE THIS FORM FOR PRODIFFERENT RESERVED OF WELL OF WELL OF PYramid Energy, Inc. 3. Address of Operator 10101 Reunion Place, 4. Well Location	Santa Fe, New Mexico 87504-2088 CES AND REPORTS ON WELLS POSALS TO DRILL OR TO DEEPEN OR PLUG BACK VOR. USE "APPLICATION FOR PERMIT" 101) FOR SUCH PROPOSALS.) OTHER INJECTION Ste. 210 San Antonio, TX 782. Description Feet From The South Line and Township 195 Range 35E	5. Indicate Type of Lease STATE X FEE 6. State Oil & Gas Lease No. E-5838 TO A 7. Lease Name or Unit Agreement Name EAST PEARL QUEEN UNIT 8. Well No. 32 9. Pool name or Wildcat PEARL QUEEN 1980 Feet From The West Line NMPM Lea County
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10101 Reunion Place, 4. Well Location	Feet From The South Line and	1980 Feet From The West Line NMPM Lea County
4. Well Location	Feet From The South Line and	1980 Feet From The West Line NMPM Lea County
	10. Elevation (Show whether DF, RKB, RT, GR	NVIEW
Section 27	10. Elevation (Show whether DF, RKB, RT, GR	R, etc.)
	3726'	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
11. Check	Appropriate Box to Indicate Nature of No	otice, Report, or Other Data
NOTICE OF IN		SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL W	The state of the s
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE	DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	Tem	TAND CEMENT JOB Laporarily Abandon Well
OTHER:	L OTHER:	
12. Describe Proposed or Completed Oper work) SEE RULE 1103.	ations (Clearly state all pertinent details, and give pertinent	dates, including estimated date of starting any proposed
tested	ker Cement Retainer at 4626'. I casing for 30 minutes. Test wa and the chart was approved by Mr ned.	as witnessed by Mr. B. Hill for
	This Appro	oval of Temporary / 72
I hereby certify that the information above it	true and complete to the best of my knowledge and belief. Oper	rations Manager06/17/94

TELEPHONE NO. (210) 308-8000 Scott Graef TYPE OR PRINT NAME

______ TITLE ___

(Thus space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

JUN 28 1994

_ DATE _

ATROVED BY -- ---CONDITIONS OF ALTHROVAL, IF ANY:

