Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION

___ DATE -__

P.O. Box 1980, Hobbs, NM 88240	Santa Fe. New Mexico 87504-2088		WELL API NO. 30-025-03221
DISTRICT II 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 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: OIL GAS WELL WELL	OTHER رئے ا	ale to the	East Pearl Queen Unit
2. Name of Operator Pyramid Energy, Inc.			8. Well No. #36
3. Address of Operator 14100 San Pedro, Storation	e. 700 San Antonio,	Texas 78232	9. Pool name or Wildcat Pearl Queen
1	O Feet From The South	Line and198	Feet From The West Line
Section 27	10. Elevation (Show whether 3713 GR	DF, RKB, RT, GR, etc.)	NMPM Lea County
NOTICE OF INT	Appropriate Box to Indicate In ENTION TO:		eport, or Other Data SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	G OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB
OTHER: Return TA Injection	n Well to active X	OTHER:	
 Describe Proposed or Completed Operat work) SEE RULE 1103. 	tions (Clearly state all pertinent details, an	d give pertinent dates, inclu	ding estimated date of starting any proposed
to be 4574' with a Drill cement & ret	Baker Model "K" cement ainer.	t retainer @ 46	/8" tbg. Top of cement reported 68'. Test casing to 1500 psi.
clean out to PBTD	5007'.		er @ 4800'. Drill up Packer &
cement(original in	jection intervals: 4738	3-'4746', 4858'	intervals that were covered with -4861', 4879'-4886' & 4910'- 4916'
	Packer @ 4700'. Run ba		and Baker AD-l Packer(or e test in accordance with OCD
I hereby certify that the information above is true	and complete to the best of my knowledge and		on Engineer DATE 01/10/91
TYPE OR PRINT NAME Scott Gr	aef		TELEPHONE NO. (512) 490-500
(This space for State Use)	• : •		

——— TITLE —