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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa	Fe,	New	Mexico	87504-2088
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WELL API NO.

30-025-03218	
Indicate Type of Lease	

indicate Type of	Lease STATE X	FEE	
	SINILE		_

<u>DISTRICT II</u> P.O. Drawer DD, Artesia, I	Santa Fe, New Mexico 87504-2088 DD, Artesia, NM 88210		5. Indicate Type of Le	5. Indicate Type of Lease STATE X FEE		
ISTRICT III 100 Rio Brazos Rd., Azlec, NM 87410			6. State Oil & Gas Le E-5839	6. State Oil & Gas Lease No.		
(DO NOT USE THIS F	ORM FOR PROPO ERENT RESERVO	S AND REPORTS ON W SALS TO DRILL OR TO DEEP IR. USE "APPLICATION FOR) FOR SUCH PROPOSALS.)	EN OR PLUG BACK TO	S R PLUG BACK TO A 7 Lease Name or Unit Agreement Name		
1. Type of Well:	GAS			East Pearl	Ougan Unit	
2 Name of Operator	wert []	OTHER In	ection	8. Well No.	Queen onte	
	Pyramid Ene	ergy, Inc.		26		
3. Address of Operator		ion Place, Suite 21		9. Pool name or Wild Pearl Queen		
4. Well Location	San Antonio	, Texas 78216-4156	O			
Unit Letter	F : 1980	Feet From The North	Line and	1980 Feet From TI	he West Line	
<u>.</u>	27	Township 19S	Range 35E	_{NMPM} Lea	County	
Section			ther DF, RKB, RT, GR, ea	1 11111 111		
11.	Check Ap	propriate Box to Indica				
NOT	ICE OF INTE	NTION TO:		SUBSEQUENT RE	PORT OF:	
PERFORM REMEDIAL \	WORK	PLUG AND ABANDON	REMEDIAL WOR		LTERING CASING	
TEMPORARILY ABAND	ON .	CHANGE PLANS	COMMENCE DR	IILLING OPNS. P	LUG AND ABANDONMENT	
PULL OR ALTER CASIN	1G 🗌		CASING TEST A	ND CEMENT JOB	• ,	
OTHER:	<u>:</u>	·· [OTHER: Test	casing & return	well to active X	
12. Describe Proposed or work) SEE RULE 11		ns (Clearly state all pertinent detai	ils, and give pertinent date	s, including estimated date of s	raning any proposed	
6/2/94	pressure c 30 barrels	casing-tubing annu hart. Test was wi down tubing into injection status.	tnessed by Mr.	B. Hill for the	minutes to record NMOCD. Pumped held. Well back	
			;			
I hereby certify that the jus	ormation above is tale a	and complete to the best of my knowled		Maria Maria	6/14/94	
SIGNATURE	11 KHOUT		mue Opera	ntions Manager	DATE	
TYPE OR PRINT NAME	/				TELEPHONE NO.	
(This space for State Use)			ORIGINAL	SIGNED BY JERRY SEX	KTON IIIN 9 0 4001	

DISTRICT I SUPERVISOR __ mle ____

_ DATE _ JUN Z Z 1994

APPROVED BY ---CONDITIONS OF APPROVAL, IF ANY:

