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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, New Mexico 87504-2088

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•	7	OTRA	NSP	OH I OIL	ANU NA	TURAL GA	Nell A	PI No.			
Operator	-							0-025-1	2578		
Pyramid Energy	, Inc.										
Address 14100 San Pedr		3 700	1	San Anto	onio T	exas 782	32				
Reason(s) for Filing (Check proper box)		2 / 00		Sail Ailt	0	her (Please expla	in)				
New Well		Change in	Transp	orter of:		nge in op		rom Sir	go Oper	ating,	
Recompletion	Oil		Dry G		Inc	. to Pyra	mid Ener	gy, Inc	. effec	tive	
Change in Operator	Casinghead		Conde	_		y 1, 1990		· ·			
falcase of anomics give name	<u>-</u> -								70700		
nd address of previous operator Si	rgo Oper	ating,	ln	<u>с.</u> Р	O. Box	3531	Midland	lexas_			
I. DESCRIPTION OF WELL	AND LEA	ASE									
Lease Name		Well No. Pool Name, Including			. Stote			f Lease	Lease No.		
East Pearl Queen U	nit	it 27 Pearl (}ueen)						
Location						• • •			P		
Unit LetterG	:	1980	Feet F	rom The	North L	ine and $\frac{198}{}$	<u>0</u> Fe	et From The _	East	Line	
			• •		2 ET .		Lea			Country	
Section 27 Towns	hip]	195	Range		35E ,1	NMPM,	ьеа		····	County	
	MODODOE	D OF O	T A T		DAT CAS	2	PRODUC	ER - AC	TIVE		
III. DESIGNATION OF TRA	NSPORTE	or Conden		ND NATU	Address (G	ive address to wi				ent)	
Name of Authorized Transporter of Oil	(-	or connen			P.0.	ive address to wi Box 1910	Midlan	l, Texas	79702		
Shell Pipeline Corp	neberrect	1\ Z= 7E -1	-on De	#G2■ □₹ਐ/	d ddress (G	ive address to w	hich approved	copy of this f	orm is to be se	ent)	
Name of Authorized Transporter of Case Warren Petroleum	In Shake LEE	COAA C	ias (orporatio	FAR.	Box 1589 Penbrook	KÄ	lsá, OK essa. T	74102		
Phillips 66 Natural If well produces oil or liquids,	L Cas Co Unit	OF IVE	Twp.		1 4001	illy connected?	When			***	
give location of tanks.	F I	27	•		Ye		•	bruary 4	1959		
f this production is commingled with the	at from any oth	er lease or	pool, g		ling order nu	mber:					
V. COMPLETION DATA				, ,							
		Oil Well		Gas Well	New Wel	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completio	n - (X)	1			<u> </u>		1	Ļ	<u> </u>		
Date Spudded .	Date Comp	pl. Ready to	Prod.		Total Depti	h		P.B.T.D.			
					7- 01/0-	- Davi		<u> </u>			
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing Fo	ormatic	an an	Top Oil/Ga	is ray		Tubing Dep	in .		
								Depth Casing Shoe			
Perforations	•							Depar casa	.g 000		
		m IDDIC	CAS	TNC: AND	CEMENT	CINIC DECOR	מא	<u> </u>			
					D CEMENTING RECORD DEPTH SET			SACKS CEMENT			
HOLE SIZE	- CA	CASING & TUBING SIZE				DEFIN SET					
					 			<u> </u>		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
					 						
					+						
V. TEST DATA AND REQU	EST FOR A	ALLOW	ABLI	Ē		· · · · · · · · · · · · · · · · · · ·					
OIL WELL (Test must be afte	r recovery of to	otal volume	of load	d oil and mus	t be equal to	or exceed top all	owable for thi	s depth or be	for full 24 hou	urs.)	
Date First New Oil Run To Tank	Date of Te		<u> </u>		Producing	Method (Flow, p	ump, gas lift, i	tc.)			
Length of Test	Tubing Pre	essure			Casing Pre	ssure		Choke Size			
Actual Prod. During Test	d. During Test Oil - Bbls.				Water - Bbls.			Gas- MCF	Gas- MCF		
								<u> </u>			
GAS WELL								•			
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Cond	lensate/MMCF		Gravity of	Condensate		
									·		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pre	Casing Pressure (Shut-in)			Choke Size			
				•							
VI. OPERATOR CERTIFI	CATEO	COME	OT TA	NCF							
I hereby certify that the rules and re-					11	OIL CO	NSERV	ATION _.	DIVISIO	NC	
Division have been complied with a							_ [UN 2 9	1990		
is true and complete to the best of m					Da	te Approve		UII N			
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_ Seath Grant					B.	ORI			ERRY SEXT	ON	
Signature	n ·	du a = = -			Ву		DISTRI	ST I SUPER	RVISOR		
Scott Graef	Proc	uuct 101	n En Title	gineer							
Printed Name	(51)	2) 490-	-500	00	Titl	e		·			
Date Date			ephone								

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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