Submit 5 Copies				Ctata	of New Mexico				
Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240				rals and	Natural Resou	rces Departme			Form C-104 Revised 1-1-89 See Instructions
DISTRICT II P.O. Drawer DD, Artesia, NM 88210					). Box 2088		N		at Bottom of Pag
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 874	410 BE				Mexico 875				
I.		TOT	RANSE	PORT	OIL AND NA		ATION		
Operator				0.11		TURAL GA	Well API	No	
Pyramid Energy, Address						<u></u>		025-2342	27
10101 .Reunion F Reason(s) for Filing (Check proper bo	lace, S	te. 21	0 Sar	n Anto	nio, Texas	782	6		
New Well		Change	in Transp	conter of:		x (Please explain	)		
Recompletion	Oil	. [	DiyG		<b>)</b> .				
f change of operator give name ad address of previous operator	Casingh	ead Gas	Conde	ante [	]	<u> </u>			
L DESCRIPTION OF WEL	L AND LI	EASE							
East Pearl Queer		Well No.	Pool N	lame, Inch	uding Formation		Kind of Lea		Lease No.
Location		59	Pe	earl	(Queen)		State, Federa	l or Fee	
Unit LetterH		5	_ Feet Fr	om The _	SouthLine	nd <u>1300</u>	Feet From	m The]	East Line
Section 27 Towns	hip 1	95	Range	:	35E .NM	M,	Lea		County
I. DESIGNATION OF TRA ame of Authorized Transporter of Oil	NSPORTE	CR OF O	IL ANI	D NATI	URAL GAS				
EOTT Oil Pipelin		or Edder	<b>re</b> ner	<b>av</b> Pin	Address (Give a	ddress to which a	approved copy of	f this form is t	to be sent)
ame of Authorized Transporter of Casi Warren Petroleum	nohead Gas		or Dry C		Address (Give a				
well produces oil or liquide	Unit	Sec.	Twp.		- TOT DOA	1203 11	ilsa, OK	74102	o be sent)
e location of tanks.	F	27	19S	1 351	E Yes		When ?		
his production is commingled with that COMPLETION DATA	from any oth	er lease or p	ood, give	comming	ling order number.	······································	·····		
Designate Type of Completion	- 00	Oil Well	G	s Well	New Well V	orkover De	epen Plug	Back Same R	les'v Diff Res'v
le Spudded	Date Comp	I. Ready to	Prod.	•	Total Depth		 P.B.T.		
vations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing For	mation		Top Oil/Gas Pay				
							Tubing	Depth	
forations			_		1	Contraction of the Contraction o			
forations							Depth	Casing Shoe	
	Τ	JBING, C	CASINC	3 AND	CEMENTING		Depth	Casing Shoe	·····
HOLE SIZE		JBING, ( ING & TUE	CASINC	3 AND		RECORD PTH SET	Depth	Casing Shoe SACKS C	DEMENT
	TT CASI	JBING, ( ING & TUE	CASINC BING SIZ	3 AND			Depth		DEMENT
HOLE SIZE			SING SIZ	3 AND					DEMENT
HOLE SIZE	T FOR AL			έ 	DE	PTH SET		SACKS (	
HOLE SIZE TEST DATA AND REQUES WELL (Test must be after re	T FOR AL			ind must l	DE	PTH SET	ior this depth or	SACKS (	
HOLE SIZE TEST DATA AND REQUES WELL (Test must be after re First New Oil Run To Tank	T FOR AL	LOWAI		E and must l	DE De equal to or exce	PTH SET	for this depth or lift, etc.)	SACKS C	
HOLE SIZE TEST DATA AND REQUES WELL (Test must be after re First New Oil Run To Tank th of Test	T FOR AL covery of tota Date of Test Tubing Press	LOWAI		and must i	DE be equal to or exce. Producing Method Casing Pressure	PTH SET	for this depth or lift, etc.)	SACKS C be for full 24 ize	
HOLE SIZE TEST DATA AND REQUES WELL (Test must be after re First New Oil Run To Tank th of Test al Prod. During Test	T FOR AL covery of total Date of Test	LOWAI		and must i	DE be equal to or exce Producing Method	PTH SET	for this depth or lift, etc.)	SACKS C be for full 24 ize	
HOLE SIZE TEST DATA AND REQUES WELL (Test must be after re First New Oil Run To Tank th of Test al Prod. During Test S WELL	T FOR AL covery of total Date of Test Tubing Press	LOWAI I volume of		and must l	DE be equal to or exce. Producing Method Casing Pressure Water - Bbls.	PTH SET	for this depth or lift, etc.) Choke S Gas- MC	SACKS C be for full 24 ize	
HOLE SIZE TEST DATA AND REQUES WELL (Test must be after re First New Oil Run To Tank th of Test ul Prod. During Test S WELL I Prod. Test - MCF/D	T FOR AL covery of tota Date of Test Tubing Press Oil - Bbls.	LOWAI I volume of ure	BLE load oil a	and must i	DE be equal to or exce. Producing Method Casing Pressure Water - Bbls.	PTH SET	for this depth or lift, etc.) Choke S Gas- MC	SACKS C be for full 24 ize	
HOLE SIZE TEST DATA AND REQUES WELL (Test must be after re First New Oil Run To Tank th of Test I Prod. During Test S WELL I Prod. Test - MCF/D g Method (pitor, back pr.)	T FOR AL covery of tota Date of Test Tubing Press Oil - Bbls.	LOWAI l volume of ure t	BLE load oil a	and must l	DE be equal to or exce. Producing Method Casing Pressure Water - Bbls.	PTH SET	for this depth or lift, etc.) Choke S Gas- MC	SACKS C be for full 24 ize F	
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HOLE SIZE FEST DATA AND REQUES WELL (Test must be after re First New Oil Run To Tank th of Test al Prod. During Test S WELL I Prod. Test - MCF/D g Method (pitor, back pr.) OPERATOR CERTIFICA ereby certify that the rules and regulation ision have been compiled with and the	T FOR AL covery of tota Date of Test Tubing Press Oil - Bbls. Length of Tes Tubing Pressu TE OF C cons of the Oil	LOWAI I volume of ure t t Conservation	ANCE	and must l	DE De equal to or exce. Producing Method Casing Pressure Water - Bbls. Bbls. Condensate/Av Casing Pressure (Sh OIL	ed top allowable f (Flow, pump, gas MCF W-in) CONSEF	Cor this depth or lift, etc.) Choke S Gas- MC Gravity of Choke Si VATION	SACKS C be for full 24 ize F of Condensate ze	hows.)
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TEST DATA AND REQUES WELL (Test must be after re First New Oil Run To Tank th of Test al Prod. During Test S WELL I Prod. Test - MCF/D g Method (pitor, back pr.) OPERATOR CERTIFICA ereby certify that the rules and regulativision have been complied with and that mature Scott Graef nied Name (1000)	T FOR AL covery of tota Date of Test Tubing Press Oil - Bbls. Cength of Tes Tubing Press TE OF C ons of the Oil at the informat wedge and b	LOWAI I volume of ure t t Conservation	ANCE angine	2 nd must l	DE De equal to or exce. Producing Method Casing Pressure Water - Bbis. Bbis. Condensate/ly Casing Pressure (Sh OIL Date App By_ORIGI	PTH SET	Or this depth or lift, etc.) Choke S Gas- MC Gravity of Choke Si EVATION OV 291 BY JERBY S	SACKS C be for full 24 ize ize f Condensate 2e I DIVISI 993 EXTON	hows.)
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with Rule 111. All sections of this form must be filled out for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.