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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

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator	_			•		-025-03:	225		
Pyramid Ener	rgy, Inc.		<del> </del>						
Address	edro, Suite 700		Anton	io. Texa	. 7022°	2			
Reason(s) for Filing (Check proper box)	edro, Suite 700		Othe	x (Please expla	. <u>S /023</u> . ain)	<u> </u>			
New Well	Change in Trans	moster of:		ange in		r from S	dren On	eratino	
				c. to Py					
Recompletion $\bigsqcup$	J.,	_				iergy, i	inc. eri	ective	
Change in Operator X	Casinghead Gas Con-	densate	Ju	ly 1, 19	90.		····		
change of operator give name and address of previous operator	rgo Operating, In	nc. P.O.	Box 35	31 Mid	lland, To	exas 79	702		
I. DESCRIPTION OF WELL	AND LEASE								
Lease Name	Well No. Pool	Name, Includir	ng Formation		Kind (	f Lease		ase No.	
West Pearl Queen Un	1	Pearl (Qu	_		State	Federal or Fee	: E-8183	3, E-8184	
Location									
Unit Letter K	1980	From The	outh Line	198	3.0 Fe	et From The	West	Line	
_									
Section 28 Townsh	ip 19S Ran	ge 35E	, NI	мрм,	Lea		<del></del>	County	
II. DESIGNATION OF TRAN	NSPORTER OF OIL A	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil	or Condensate		Address (Giv	e address to wi	hich approved	copy of this f	orm is to be se	nt)	
Shell Pipeline Compa	anv	ا لــا	P.O.	Box 1910	Midla:	nd Taxa	2 7070	2	
		or Gas	Address (Giv	e address to w	hich approved	copy of this f	orm is to be se	nt)	
Name of Authorized Transporter of Casin Warren Petroleum Phillips 66 Natural	great Car X CDM Cas	Corneration	PAR	Box, 1589	Tulsa,	OK 74.	102	,	
If well produces oil or liquids,	Unit   Sec.EFFECTH	COIPOIANO	170 And and G	Penbrook	C Ddess When	a, TX	/9/6/		
ive location of tanks.	B 32 1	9S   35E	Yes	, Dimenso.		March l	959		
f this production is commingled with that V. COMPLETION DATA	from any other lease or pool,	give commingli	ing order num	ier:					
	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion			Total Darth	Ĺ	<u> </u>	<u> </u>	L	1	
Date Spudded	Date Compl. Ready to Proc	L	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
						Depth Casing Shoe			
Perforations						Depth Casir	g Snoe		
	TUBING, CA	SING AND	CEMENTI	NG RECOF	<del>D</del>				
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
,	<u> </u>								
		<del></del>							
V. TEST DATA AND REQUE	ST FOR ALLOWABL	Æ	L			1	<del></del>		
	recovery of total volume of lo		be equal to or	exceed top all	owable for thi	s depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test			ethod (Flow, p					
	J-10 V. 100								
Length of Test	Tubing Pressure		Casing Pressure			Choke Size			
Edgui of Tex									
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas- MCF			
7,0000 2,000 2,000									
GAS WELL					-				
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF			Gravity of	Gravity of Condensate		
·									
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC		A NICE	<u> </u>			1			
			(		<b>USERV</b>	ATION	DIVISIO	N	
I hereby certify that the rules and regularity Division have been complied with and							****		
is true and complete to the best of my		<b></b>			1		JIIN	27 199	
1 11 01			Date	Approve	;d		001(	W ( IJC	
Seatt Shal		•							
Signature			∥ RA ⁴						
Scott Graef . Production Engineer			Title: Book Care Street STATON						
Printed Name	Titl	.e	II Title				5.0		
6115 1911	/510\ AAA EAA	٦.	H THIE	4	بعيده استعر	****			
Date	(512) 490-500 Telephor			4	ست محیوفات است	W 1 W 1 W 1 W 1 W 1	<u> </u>		

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.