

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-03228
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-8183
7. Lease Name or Unit Agreement Name WEST PEARL QUEEN UNIT
8. Well No. 122
9. Pool name or Wildcat PEARL QUEEN

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.)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTION
2. Name of Operator PYRAMID ENERGY, INC.
3. Address of Operator 10101 REUNION PLACE, SUITE 210 SAN ANTONIO, TX 78216

4. Well Location Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>SOUTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line Section <u>28</u> Township <u>19S</u> Range <u>35E</u> NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3719' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: TA WELLBORE <input checked="" type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

6/1/94 to 6/2/94

PULL TUBING AND PACKER. SET CIBP AT 4553 (AS PER PAUL KUTZ OF NMOCD).

TESTED CASING TO 500 PSI AND HELD FOR 30 MINUTES. TO RECORD PRESSURE CHART. TEST WAS WITNESSED BY MR. B. HILL FOR NMOCD. CIRCULATED HOLE WITH FRESH WATER AND SPOTTED 25 SACKS OF CEMENT ON PLUG. WELLBORE TEMPORARILY ABANDONED.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Scott Graef TITLE OPERATIONS MANAGER DATE 6/14/94

TYPE OR PRINT NAME SCOTT GRAEF TELEPHONE NO. 210-308-8000

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

JUN 22 1994

This Approval of Temporary Abandonment Expires 6-1-99

IC B3

