Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

S. Indicate Type of Lase STATE STATE FEE	DISTRICT I P.O. Box 1980, Hobbs, NM 88240		L CONSERVATION P.O. Box 20		WELL API NO.		
DESTRICTION Substitute Substitute State Destruction Substitute State Destruction Substitute	P.O. Drawer DD, Artesia	a, NM 88210	Santa Fe, New Mexico 87504-2088		30-025-03228		
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West Pearl Queen Unit West Pearl Queen Unit							
2 Name of Operator Pyramid Energy, Inc. 3. Address of Operator 14100 San Pedro, Ste. 700 San Antonio, Texas 78232 9. Pool name or Wildcat Pearl Queen 4. Well Location Unit Letter J: 1980 Feet From The South Line and 1980 Feet From The East Line Section 28 Township 198 Range 35E NMPM Lea County 3719' GL 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 PLUG AND ABANDON REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. PLUG ANT ALTERING CASING OTHER. Return well to active injection. 12. Describe Proposed or Completed Operations (Clearly state all periment details, and give periment date, including estimated date of starring any proposed word; SEE RULE 1103. 10/11/90 MIRU Workover Rig. RIH w/bit & collars on 2-7/8" tbg. CIBP @ 4527'. 10. Drilled Packer @ 4754'. Drilled & cleaned out scale to 4916'. Circ. 10/16/90 hole & POOH. 10/17/90 RIH w/2-3/8" 4.7# EUE internally plastic coated tbg. & Baker "AD-1" Tension Packer. Attempted to set Packer. Packer would not set. 10/18/90 Ran backside pressure test and placed well on active injection with approximately 300 BWPD @ 1200 psi. 10 Describe the proposed of Completed Operations on the set of my knowledge and belief. 10 Production Engineer DATE Production Engineer DATE Pateron Packer. GS12/490-500	WELL.	WELL	отне к Inje	ction	West Pear	rl Oueen Unit	
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