

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.

30-025-03236

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

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 ☐

GAS
WELL ☐

OTHER ☐ Injection

2. Name of Operator

Pyramid Energy, Inc.

3. Address of Operator

10101 Reunion Place, Suite 210 San Antonio, TX 78216

8. Well No.

23

9. Pool name or Wildcat

Pearl Queen

4. Well Location

Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line

Section

28

Township

19S

Range

35E

NMPM

Lea

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3738 DF

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Convert to injection ☒

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.

06/21/91 Pulled rods and tubing. Ran packer and tested casing to 500 psi.
to Ran bit and scraper and cleaned well out to 4900'. Ran 2 3/8"
06/25/91 internally plastic coated tubing and Baker Model AD-1 tension packer.
Circulated hole with packer fluid and set packer at 4599'. Pressured
annulus to 500 psi and ran state test.

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 05/10/94

TYPE OR PRINT NAME Scott Graef TELEPHONE NO. _____

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JCBN

6-10-94

dm

RECEIVED

NOV 19 1944