Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico gy, Minerals and Natural Resources Departme

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

10		10 1117	1431	<u> </u>	Oil	- AND NA	10117	LUA					
Operator									Well	API No.			
Pyramid Energy, Inc.										30-025-03236			
Address													
14100 San Pedro	, Suite	≥ 700	:	San A	\n t	onio, Te	xas	7823	2				
Reason(s) for Filing (Check proper box)							er (Pleas						
New Well		Change in	Transp	orter of:		Chan	ge in	ope	rator	from Si	go Oper	ating.	
New Well   Change in Transporter of: Change in operator from Sirgo Operating   Recompletion   Dry Gas   Inc. to Pyramid Energy, Inc. effective										tive			
Change in Operator	Casinghead		Conde		$\neg$		1, 1			, <u>, , , , , , , , , , , , , , , , , , </u>	. crrcc	CIVC	
If change of operator give name							, -	,,,,,					
and address of previous operator Sir	go Oper	ating,	Inc	2	P	.0. Box	3531	M:	idland	l, Texas	79702		
II. DESCRIPTION OF WELL	ANDIE	CE.											
Lease Name	AND LEA		D .13						70.			<del></del>	
The state of the s						•				Kind of Lease N State, Federal on Fee		ease No.	
· · · · · · · · · · · · · · · · · · ·	11			reari	. (1	Queen)				, 1 000151 01(20			
Location		1000				NT + h		1980			East		
Unit LetterG	.:	1980	Feet F	rom The	:	North Lin	e and	1900	F	eet From The		Line	
				_									
Section 28 Township	19S		Range	35	E	, N	MPM,	Lea	1			County	
III. DESIGNATION OF TRAN	SPORTE	R OF OI	L AN	ID NA	TU:	RAL GAS		PRO	DUCER	1			
											orm is to be se	ent)	
Shell Pipeline Corp.	P.O.B	Address (Give address to which approved P.O.Box 1910 Midland				79702							
Shell Pipeline Corp.  Address (Give address to which approved copy of this form is to be sent)  P.O.Box 1910 Midland, Texas 79702  Name of Authorized Transporter of Casinghead Gas Effective of Drogas Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)												ent)	
warren retroleum P.O. Box 1589 Tulsa. OK /4102											ini)		
Phillips 66 Natural If well produces oil or liquids.	C 1	1 n							Udessa, TX /9/62 When?				
give location of tanks.	Unit     F	•	Twp.	-	Rge.	1 -	•	ed?					
<u> </u>		27	195		5E	Yes			<u> Fe</u>	bruary 4	1959		
If this production is commingled with that f	rom any other	er lease or p	ool, gi	ve comn	ningl	ing order num	ber:				<del></del> -		
IV. COMPLETION DATA													
Designate Time of Completion	σν.	Oil Well	- 1	Gas Wel	11	New Well	Worko	ver	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -	<u> </u>	<u></u>					<u></u>			1	<u> </u>	11	
Date Spudded	Date Comp	I. Ready to	Prod.			Total Depth			,	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing For	mation	1		Top Oil/Gas Pay				Tubing Depth			
Perforations										Depth Casin	g Shoe		
						•					_		
	т	IIBING (	TZASI	NG AT	ND.	CEMENTE	NG RE	CORD	··········	<del>-!</del>			
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE						DEPTH SET				1	SACKS CEMENT		
OASING & TOBING SIZE						DEFIN SET				GAGNO GENERAL			
			•			<u> </u>	•			<del> </del>			
										<del>- </del>			
		<del></del>								<u> </u>			
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE										
OIL WELL (Test must be after re	covery of tol	al volume o	f load	oil and r	nusi	be equal to or	exceed to	p allow	ble for th	is depth or be f	or full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test	t				Producing Me	thod (Flo	т, рит	, gas lift,	elc.)			
Length of Test	Tubing Pressure				Casing Pressure				Choke Size		!		
	Tabling Trobbit												
Actual Prod. During Test	Oil - Bbls.					Water - Bbis.				Gas- MCF			
					Water - Bola.								
<u></u>	L					<u> </u>			<u> </u>	1			
GAS WELL													
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF				Gravity of Condensate				
Testing Method (pitot, back pr.)	ng Method (puot, back pr.) Tubing Pressure (Shut-in)						Casing Pressure (Shut-in)				Choke Size		
	}			1									
VI ODED ATOD CEDTIFIC	ATT OF	COLO		ICE		1		· • · · · · · · · · · · · · · · · · · ·					
VI. OPERATOR CERTIFICA	_			NCE		OIL CONSERVATION DIVISION							
I hereby certify that the rules and regulations of the Oil Conservation						TIM O A ADD							
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						OIL CONSERVATION DIVISION JUN 29 1990							
is true and comprete to the best of my knowledge and belief.						Date Approved							
1.4 4 1							' '						
Heart Start						By ORIGINAL SIGNED BY JERRY SEXTON							
Signature Scott Graef Production Engineer						— <sup>رت</sup>		D	STRICT	1 SUPERVIS	SOR		
Printed Name / Title (512) 490–5000						Title			<del></del>			<u>'</u>	
Date Date			hone N		_								
		reiep				<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.