DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL COTSERVATION DIVISION

1.O. BOX 1700, 11000Q	P.O. B	ox 2088	20 025 02220	
DISTRICT II P.O. Drawer DD, Artes	Santa Fe, New M	exico 87504-2088	30-025-03239  5. Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., A	Aziec, NM 87410		STATE FEE X  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				
	FFERENT RESERVOIR. USE "APPLICATION I (FORM C-101) FOR SUCH PROPOSAL	FOR PERMIT*	7. Lease Name or Unit Agreement Name	
1. Type of Well:			East Pearl Queen Unit	
OIL WELL   2. Name of Operator	WELL OTHER	Injection		
Pyramid Ene			8. Well No.	
3. Address of Operato		my 70036	9. Pool name or Wildcat	
4. Well Location	ion Place, Ste. 210 San Anto	onio, TX /8216	Pearl Queen	
	I 1980 Feet From The Sout	h Line and	660 Feed From The East Line	
Section	28 Township 19S	Range 35E	NMPM Lea County	
	10. Elevation (Show	whether DF, RKB, RT, GR, etc.)	NVU M	
11.	Check Appropriate Box to Inc	·	Report or Other Data	
	TICE OF INTENTION TO:		BSEQUENT REPORT OF:	
PERFORM REMEDIA	L WORK PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABAN	NDON CHANGE PLANS	COMMENCE DRILLIN	IG OPNS. PLUG AND ABANDONMENT X	
PULL OR ALTER CAS	SING	CASING TEST AND C	EMENT JOB	
OTHER:	OTHER:			
12. Describe Proposed work) SEE RULE	or Completed Operations (Clearly state all pertinent 1103.	details, and give pertinent dates, incl	uding estimated date of starting any proposed	
06/06/94			d. Spotted 25 sacks of cement on	
to	top of plug. Located casing leaks 1122' to 1460'. Obtained plugging instruction			
06/07/94		D. Spotted 60 sacks of cement at 1460 and squeezed leaks to 500 psi.		
	Waited on cement overnight. Tagged cement inside casing at 1180' with wireline. Perforated casing with 4 shots at 160'. Pumped 80 sacks cement down casing			
	through perfs and circulated cement between 8 5/8" and 5 1/2" casing strings from 160' back to surface. Left cement inside 5 1/2" casing from surface down			
			vel and weld on cap and marker.	
	Well plugged and abandoned	<del>-</del>	ver and were on our and marner.	
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<del></del>	·	•		
i newy certify that the	information bove is file and complete to the best of my kno	-		
SIGNATURE	WI /O GO	mum Operations	Manager DATE06/20/94	
TYPE OR PRINT NAME	Scott Graef		ТЕГЕТНОМЕ НО. (2 <u>10)</u> 308-80(	
(This space for State Us	11 /	r r		
AFTROVED BY	Tarry W. Hill	mie	DATE STATE	
CONTITIONS OF APPROV	VAL, IF ANY: 🗸			

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