Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

| DISTRICTI P.O. Box 1980, Hobbs, NM 88240 OIL CO: SERVATION DIVISION P.O. Box 2088 | WELL API NO. |
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| DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 | 30-025-03239 |
| | 5. Indicate Type of Lease STATE FEE FEE |
| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 | 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.) | 7. Lease Name or Unit Agreement Name |
| 1. Type of Well: OL OAS WELL OTHER Injection | East Pearl Queen Unit |
| 2. Name of Operator | 0.17.17. |
| Pyramid Energy, Inc. | 8. Well No. 34 |
| 3. Address of Operator | 9. Pool name or Wildcat |
| 10101 Reunion Place, Ste. 210 San Antonio, TX 78216 | Pearl Queen |
| 4. Well Location Unit Letter I : 1980 Feet From The South Line and Section 28 Township 195 Range 35F | 660 Feet From The <u>East</u> Line |
| Section 28 Township 19S Range 35E | NMPM Lea County |
| 3724'DF | <i></i> |
| 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 |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT | |
| PULL OR ALTER CASING CASING TEST AND CEMENT JOB | |
| OTHER: OTHER: | t to injector x |
| 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, incluwork) SEE RULE 1103. | ding estimated date of starting any proposed |
| O6/28/91 to O7/07/91 Pulled rods, tubing and pump. Clean out scale to 4716' and hit tight spot. Drilled and swedged tight spot in casing and cleaned out wellbore to 4965'. Ran plastic coated tubing and Baker Model AD-1 tension packer. Circulated packer fluid around annulus and set packer at 4596'. Injection interval 4711'-4919'. Pressured annulus to 500 psi and ran state test. | |
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| I hereby certify that the information above is five and complete to the best of my knowledge and belief. | · |
| SIGNATURE TIME Operations | Manager 05/09/94 |
| TYPEOR PRINT NAME Scott Graef | TELEPHONE NO. |
| (This space for State Use) ORIGINAL SIGNARIA | Y JERRY SEXTON |
| APPROVED BY TITLE CONTROL ST | APERVISOR OF THE PROPERTY OF THE |
| CONDITIONS OF APPROVAL, IF ANY: | DATE - |

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