Form C-103 Energy, Minerals and Natural Resources Department Revised 1-1-89 OIL CONSERVATION DIVISION DISTRICT I WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-025-03240 Santa Fe, New Mexico 87504-2088 **DISTRICT II** P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE FEE | | DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 6. State Oil & Gas Lease No. E-1587 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: West Pearl Queen Unit METT [WELL, OTHER Injection 2. Name of Operator 8. Well No. Pyramid Energy, Inc. 119 Address of Operator 9. Pool name or Wildcat 10101 Reunion Place, Ste. 210 San Antonio, TX 78216 Pearl Oueen 4. Well Location I: 1980 Feet From The South Unit Letter ___ 660 Line and Feet From The 29 Township 35E Section Range **NMPM** County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3746 GL Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS** PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB (Convert to injection OTHER: 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. Ran packer to 4588' and tested casing to 500 psi. Drilled cement and CIBP at 10/03/91 to 4528'. Cleaned out to 4950'. Drilled cement and junk to T.D. Perforated 5 1/2" casing 4908'-4918', ran 155 jts. of 2 3/8" internally plastic coated 10/15/91 tubing and Baker Model AD-1 tension packer. Circulated packer fluid and set packer at 4662'. Injection interval 4752'-4955' through perfs and 4943-4998 open hole. Pressured annulus to 500 psi and ran state test.

I hereby certify that the information above is true and complete to the best of m SKINATURE	y knowledge and belief. Operations Manager THLE	DATE 05/10/94
TYPEOR PRINT NAME Scott Graef		тецерноке но. (210) 308-8000
(This space for State Use)	OXIGNAL PROPERTYSE	MAX ON
APPROVED BY	mue	DATE