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

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

State of New Mexico ergy, Minerals and Natural Resources Depart 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 III 1000 Rio Brazos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator									Well API No.				
Pyramid Energy, Inc.										30-025-03240			
Address													
14100 San Pe	edro, S	Suite 7	00		S	an Anto				32			
Reason(s) for Filing (Check proper box)			_				ner (Please exp			_			
New Well Change in Transporter of: Change in operator from Sirgo Operat Recompletion Dry Gas Inc. to Pyramid Energy, Inc. effecti										erating,			
Recompletion	Oil Coaineba	_	• .					. to Pyramid Energy, Inc. effective y 1, 1990.					
If shapes of country sive name		ad Gas		densate				990	,				
and address of previous operator			, I1	nc.	P.0	. Box 35	31 M1	<u>.dla</u>	nd, I	exas 7	9702	·	
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, In						Para Para dia				d of Lease No.			
West Pearl Queen Uni	Well No. Pool Name, Includi				· .				of Lease Federal or Fe				
Location	119 Pearl (Q				ueen)				· · · · · · · · · · · · · · · · · · ·	E-1	367		
Unit Letter I	_:	1980	_ Feet	From T	he S	outh Lin	e and 6	60	F	et From The	East	Line	
Section 29 Townshi	198	19S Range 35E				, NMPM,			Lea County				
III. DESIGNATION OF TRAN	SPORTE	P OF O	IL A	ND N	ATU	RAL GAS							
Name of Authorized Transporter of Oil	ĭ.EO	Effective Effective	gy P	1Delin	e LP	Address (Giv	e address to v	which	approved	l copy of this f	orm is to be se	ent)	
Shell Pipeline Compa	P.O. Box 1910 Midland, Texas 79702												
Name of Authorized Transporter of Casing Warren Petroleum	□ x	x or Dry Gas				e address to x	which	approved	pproved copy of this form is to be sent) Isa, OK 74102 dessa, TX 79762				
Phillips 66 Natural If well produces oil or liquids.	Gas Co Unit	GPM Gas Corporati			4001 Penbrook			Odessa TX 7479762					
give location of tanks.	IB	1 32		reor		Yes	y connected?			· -	050		
If this production is commingled with that (her		<u></u>	March 1	939	·	
IV. COMPLETION DATA			,	5 . · · · · · · · · · · · · · · · · · · ·									
Designate Type of Completion	- (X)	Oil Well		Gas W	'ell	New Well	Workover		Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth				P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay				Tubing Depth			
Perforations										Derth Casin	Depth Casing Shoe		
										Deput Casin	g Silve		
	7	TUBING.	CAS	SING A	AND	CEMENTI	NG RECO	RD		<u> </u>			
HOLE SIZE CASING & TUBING SIZE						DEPTH SET				SACKS CEMENT			
· · · · · · · · · · · · · · · · · · ·													
				····						ļ			
U TECT DATA AND DECLINE	T FOD A	T CW	. D. T.	n						<u> </u>			
V. TEST DATA AND REQUES OIL WELL (Test must be after re					44	1		· · · · - 1	1. 6	- det t . e	6.11.04 1	1	
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Te		of toat	ou and	i musi		thod (Flow, p				or Juli 24 how	<u>rs.)</u>	
Date First New Oil Rull 10 Talk	Date of 1e	84				LIOORCING INC	suiou (riow, p	ump,	gas tyt, e	ic.j			
Length of Test	Tubing Pressure					Casing Pressure				Choke Size			
Actual Prod. During Test	Oil - Bbls.					Water - Bbls.				Gas- MCF			
G . 6 ******			··			<u> </u>	 						
GAS WELL	·	*								· · · · · · · ·			
Actual Prod. Test - MCF/D	Length of Test					Bbls. Condensate/MMCF				Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)				Choke Size			
	L												
VI. OPERATOR CERTIFICA	ATE OF	COMP	LIA	NCE		ے ا		VIC.	EDV	ATIONII		AN I	
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						Date Approved JUN 2 7 1990							
/ Al O/ /						Date	Approve	ed .			<u> </u>	1 1330	
Seath Diast							<i>#</i>						
Signature						By	OPIGIN/	11 5	CHED	DV JERRY	SEXION	· · · · · · · · · · · · · · · · · · ·	
Scott Graef'. Production Engineer						DISTRICT I SUPERVISOR							
Printed Name	(512)	490-5	Title	÷		Title.							
Date 70	(314)		phone	No.	<u>.</u>								
			•			11							

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.