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DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

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

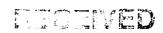
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWARIE AND ALL

I.					DAUTHON JATURAL G						
Operator					DIL AND NATURAL GAS Well API No.						
Pyramid Energy, Inc.						_ 3	30-025-03241				
10101 Reunion Pl	ace Ste	210	0 1		700					_	
Reason(s) for Filing (Check proper box)	-	2. 210	San Anto		cas 782 Other (Please exp			 			
New Well		Change in	Transporter of:	_ <u>_</u> _	ories (1 seme 5th	un)					
Recompletion Change in Operator	Oil		Dry Gas]							
If change of operator give name	Casinghea	d Gas	Condensate	<u> </u>				·-··			
and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA	ASE									
Lease Name West Pearl Que	en //mit	Well No. 117	Pool Name, Inci-		00	Kend	of Lease	ī	Lease No.	_	
Location			Pearl	(Queen)		State	Federal or Federal	E-1	587		
Unit Letter K	. 198	10	Feet From The	South .	198	30		West			
			reet From the	J	ine and	F	eet From The		Line	;	
Section 29 Townsh	ip 198	3	Range 35	E,	NMPM,	Lea			County		
III. DESIGNATION OF TRAI	NSPORTEI	ROFOI	I. AND NAT	IIDAT CA	c			<u></u>			
. with or supported transporter of Oil		or Conden	BIE	Address (Sive address to wi	hich approved	l copy of this fo	em is to he s	ent)		
Name of Authorized Transporter of Casinghead Gas X or Dry Gas					Address (Give address to which approved copy of this form is to be sent) P.O. Box 4666 Houston, Texas 77210-4666						
Warren Petroleum	Address (Give address to which approved copy of this form is to be sent)					ent)					
If well produces oil or liquids,	all produces oil or liquids, / Unit Sec Inturn m/				P.O. Box 1589 Tulsa, OK 74102 Lisgas actually connected? When?					_	
give location of tanks.	j B	32 j	19S 35E	Yes	3		rch 1959	1			
If this production is commingled with that IV. COMPLETION DATA	from any other	r lease or p	ool, give commin	gling order nu	mber:					_	
		Oil Well	Gas Well	Non-YV			·			_	
Designate Type of Completion		İ	i	New Wel	l Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready to Prod.			Total Depti	Total Depth		P.B.T.D.		ــــــــــــــــــــــــــــــــــــــ		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay							
				Top Oil/Ga	s ray		Tubing Depth				
Perforations					Depth Casing Shoe					4	
			···					G.			
HOLE SIZE	TUBING, CASING ANT										
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
. TEST DATA AND REQUES	T FOR AL	LOWAR	RIF	L						╛	
OIL WELL (Test must be after re	covery of total	volume of	load oil and musi	be equal to o	r exceed top allow	able for this	denth or he for	6.11 24 Laur	-1		
Date First New Oil Run To Tank	Date of Test			Producing M	lethod (Flow, pur	φ, gas lift, el	c.)	jui 24 nour	5.)	٦	
Length of Test	Tubing Press	199		Code						╛	
				Casing Pressure			Choke Size				
Actual Prod. During Test Oil - Bbls.				Water - Bbis.			Gas- MCF				
		·									
GAS WELL Actual Prod. Test - MCF/D	· · · · · · · · · · · · · · · · · · ·	·	<u> </u>								
want Flot lest - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			7	
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
		•			are (Strut-III)	Ì	Choke Size				
I. OPERATOR CERTIFICA	TE OF C	OMPL	IANCE					·		ل	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION							
is true and complete to the best of my knowledge and belief.				Date Approved							
1.4 1.0				Date	Approved			13		-	
Signature Signature					Orig. Signed by						
Scott Graef V	Produc	tion I	Engineer	Jerry Sexton							
Printed Name 1 5 93 Title (210) 308-8000				Title							
Date	(210)	308-80 Telepho	000 ne No.			- 1				•	
		- oropiou									

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
- 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.



COMMUSSS OFFICE