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

## 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., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRA	NSF	PORT OIL	. AND NA	TURAL G					
Operator Proposid Engl			Ì	API No.							
Pyramid Ener	30-025-03242					-					
14100 San Pe	edro, S	uite 7	00	S	an Antor	io, Texa	as 7823	2			
Reason(s) for Filing (Check proper box)		~ ·.	_			er (Please exp	•	_			
New Well	0.1	Change in	_							erating,	
Recompletion	Oil Casinghe	— —	Dry C	_	11	ic. to Py	yramid E	nergy,	Inc. eff	ective	
If change of operator give name			·	<del></del>		11y 1, 19	····				
and address of previous operator Sin	go Ope	rating	, In	c. P.0	. Box 35	31 Mi	dland, T	exas 79	97.02		
II. DESCRIPTION OF WELL	AND LE	ASE									
Lease NameWell No.Pool Name, IncludWest Pearl Queen Unit127Pearl (Q					V 61. 41.			of Lease Lease No. Federal or Fee E-1587			
Location Unit Letter P	. 6	60	F T	From The	South Lin		660	4 F	East		
Section 29 Townshi		9S	Range	2.5	<b>.</b>	e and MPM,	Lea	et From The		Line	
							ECTION W	FII _ Δ(	ידז עד	County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	OK II	or Conder		TALLU		e address to w				nt)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids, give location of tanks.	ids, Unit Sec.			Rge.	Is gas actually connected? Whe			1?			
If this production is commingled with that IV. COMPLETION DATA	from any ou	her lease or	pool, g	ive comming	ing order num	ber:					
Designate Type of Completion	- (X)	Oil Well		Gas Well	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						<del></del>		Depth Casing Shoe			
					<del> </del>						
TUBING, CASING AND					CEMENTI		<del></del>	0.000 05.15.15			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES	T FOD	ATT OW	ADIE		l			<u> </u>	·		
OIL WELL (Test must be after r					be equal to or	exceed top all	owable for this	s depth or be t	for full 24 how	rs.)	
Date First New Oil Run To Tank	Date of Te					ethod (Flow, p				<del></del>	
Length of Test	Tubing Pressure				Casing Press	ine		Choke Size			
Dougar of You	Tuoing Freedite										
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	<u> </u>	<del></del>						· · · · · · · · · · · · · · · · · · ·			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
M ODED ATOD CEDATES	A TITE OF	7.001.00	T T 4 7	NOT	<del> </del>		<u> </u>	1	** ,		
VI. OPERATOR CERTIFIC				NCE	(	DIL CON	<b>NSERV</b>	ATION I	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					1						
is true and complete to the best of my knowledge and belief.					Date Approved JUN 2 7 1990						
Seat Smet											
Signature					By Company Comment SECON						
Scott Graef Production Engineer Printed Name Title					T:41-		idila i	21 (23, 3)	1428	-	
6/25/90	(512)	490-5	000		Title		<del>,</del>				
Date		Tele	phone	No.		·					

## 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.