Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, E erals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 STRICT II STRICT III STRICT III		WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			STATE FEE 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL WELL	отн е к Water	Injection Well	West Pearl Queen Unit
2 Name of Operator Pyramid Energy, Inc.			8. Well No. 128
3. Address of Operator			
14100 San Pedro, Ste.	700 San Antonio,	Texas 78232	9. Pool name or Wildcat Pearl Queen
Unit Letter 0: 660 Feet From The South Line and 1980 Feet From The East Line			
Section 29	7.0-		_
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.) 3743' GL	NMPM Lea County
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INT	ENTION TO:		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
EMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT			
PULL OR ALTER CASING		CASING TEST AND CE	
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.			
 Run 2 7/8" NUE tbg. to TD inside existing 4 1/2" casing. Cement 4 1/2" x 2 7/8" annulus from TD to surface. 			
2. Reperforate and acidize as necessary.			
3. Run in hole with tension packer and 2.06" tbg. Run backside pressure test and put well back on injection.			
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I hereby certify that the infarantion above is true and complete to the best of my knowledge and belief.			
SIGNATURE SCOTT SCOT		E Production Er	gineer DATE 06/16/92
TYPEOR PRINT NAME Scott Grad	ef		TELEPHONE NO (512) 490-5000
(This space for State Use)			
APPROVED BY	mu	· · · · · · · · · · · · · · · · · · ·	DATE
CONDITIONS OF APPROVAL, IF ANY:			