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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.	TOTRA	ANSPORT OIL	AND NA	TURAL GA	S					
Operator								PI No. 02503250		
Pyramid Ener		30-023-03230								
Address										
Reason(s) for Filing (Check proper box)	edro, Suite 7	<u>00 s</u>		io, Texa		2				
New Well	ing (Check proper box) Change in Transporter of: Change in operator from Sirgo Operating,									
Recompletion	Oil Dry Gas Inc. to Pyramid Energy, Inc. effective									
Change in Operator	Casinghead Gas	Condensate		ly 1, 19		ог ду,	circ. ell	ective		
If change of operator give name		Tao Dio		· · · · · · · · · · · · · · · · · · ·		7.	.700			
and address of previous operator	go Operating	, Inc. P.0	• box 3	osi mid	land, T	exas 79	9702	 		
II. DESCRIPTION OF WELL	AND LEASE									
Lease Name			ing Formation			f Lease Lease No. Federal or Fee E-1587				
West Pearl Queen Uni	lt 130	Pearl (Q	ueen)		State,	Federal or Federal	E-	1307		
Location Unit LetterM	:660	Feet From The _S	South_ Lin	e and <u>660</u>	Fe	et From The_	West	Line		
Section 29 Township	p 19S	Range 35E	, N	MPM, L	ea			County		
W. DEGICALLATION OF MALL	(CDANAMA A. A.									
III. DESIGNATION OF TRAN	2 .				:					
Shell Pipeline Compa	or Conder	isate		e address to wh Box 1910						
Name of Authorized Transporter of Casing	head Gas	or Dry Gas	Address (Gis	e address to wh	ich annemed	convertible for	15 /9/U	<u>Z</u>		
Warren Petroleum Phillips 66 Natural	Gas Co GPM	Gas Corporation	n Pho	Box 1589	Tulsa,	OK74]	182	<i>,</i> ,		
If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? W							97.62			
give location of tanks.	B 32	19S 35E	Yes		İ	March 19	959			
If this production is commingled with that f IV. COMPLETION DATA	from any other lease or	pool, give comming	ling order num	ber:						
Designate Type of Completion	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded		Post	Total Dawle							
Date Spinded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.				
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth				
Perforations				Depth Casing Shoe						
TUBING, CASING AND										
HOLE SIZE CASING & TUE		JBING SIZE	DEPTH SET		SACKS CEMENT					
		· · · · · · · · · · · · · · · · · · ·				 				
	 									
· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·						
V. TEST DATA AND REQUES	T FOR ALLOW	ABLE		• .	· · · · ·					
	ecovery of total volume	of load oil and must	be equal to or	exceed top allo	wable for this	depth or be f	or full 24 how	rs.)		
Date First New Oil Run To Tank Date of Test			Producing Method (Flow, pump, gas lift, etc.)							
Leasth of Tax			Casing Pressure Choke Size							
Length of Test	Tubing Pressure	Casing Pressure			Choke Size					
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas- MCF				
	on - Dois.	•								
GAS WELL	1		1	<u> </u>		1,	- -			
Actual Prod. Test - MCF/D	Length of Test		Bbls, Conden	sate/MMCF		Gravity of C	ondensate			
			boil Conscious Vivici			orally or concentrate				
Tubing Method (pitot, back pr.) Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
		•								
VI. OPERATOR CERTIFICA	ATE OF COMP	LIANCE								
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						JUN 27 1990				
is true and complete to the best of my knowledge and belief.			Date	Approved	i	<u> </u>	UNLI	1334		
Saft Had				• •						
Signature			By_				ומשי עם מה	RY SEXTON		
Scott Graef . Production Engineer			'-	By JERRY SEXTON DISTRICT I SUPERVISOR						
Printed Name		Title	Title			ا به ۱۰۱۱ و د مو 				
Date	(512) 490-5 Tele	phone No.			. —	- -		<u> </u>		

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.

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