Form C-103 Submit 3 Copies Energy, Minerals and Natural Resources Department to Appropriate District Office Revised 1-1-89 OIL CONSERVATION DIVISION DISTRICT I WEL JI NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-025-03251 Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE FEE DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: West Pearl Oueen Unit WELL | oner TA - Injection 2. Name of Operator 8. Well_No. 116 Pyramid Energy, Inc. 3. Address of Operator 9. Pool name or Wildcat Pearl Queen 10101 Reunion Place, Ste. 210 San Antonio, TX 78216 4. Well Location Unit Letter __ : 1980 Feet From The _ South 660 Feet From The West Line and Section 29 Township Range 35E County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3760'GL Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT K PULL OR ALTER CASING CASING TEST AND CEMENT JOB L OTHER: 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. 0.5/23/94 Ran in with tubing and tagged CIBP at 4770'. Spotted 25 sack cement plug on to top of CIBP and circulated hole with mud laden fluid. Spotted 25 sack cement 05/24/94 plug at 1900'. Perforated 4 1/2" casing at 194' with 4 shots. Pumped 90 sacks of cement down casing, circulated back to surface between 4 1/2" and 8 5/8" casings. Did not displace cement down 4 1/2" casing, left cement inside 4 1/2" casing at surface. Cut off wellhead 3' below ground level and weld on cap and marker. I hereby certify that the information below is five and complete to the best of my knowledge and belief.

Scoft Graef

THE REAL INSPECTOR

Operations Manager

05/25/94

TELETHONE NO. (210) 308-8000

CONDITIONS OF APPROVAL, IF

SKINATURE

TYPE OR PRINT NAME

RECEIVED

MAY 8 1 1994

OFFICE