Submit 3 Copies to Appropriate District Office

Type of Well: WELL |

2. Name of Operator

3. Address of Operator

PERFORM REMEDIAL WORK

work) SEE RULE 1103.

TEMPORARILY ABANDON

PULL OR ALTER CASING

4. Well Location

11.

OTHER:

State of New Mexico

DISTRICT P.O. Box 1980, Hobbs, NM 88240

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

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

Pyramid Energy, Inc.

Form C-103 Energy, Minerals and Natural Resources Department Revised 1-1-89 OIL CONSERVATION DIVISION WELL API NO. P.O. Box 2088 30-025-0325] Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease STATE FEE 🔛 6. State Oil & Gas Lease No. 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.) · West Pearl Queen Unit OTHER TA - Injection 8. Well No. 116 9. Pool name or Wildcat 10101 Reunion Place, Ste. 210 San Antonio, TX 78216 Pearl Queen Unit Letter ___ L : ___ 1980 Feet From The _ South 660 West Line and Feet From The 19S Lea Township Range County **NMPM** 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: PLUG AND ABANDON **ALTERING CASING** REMEDIAL WORK **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB L Locate casing leak and either TA X OTHER:_ 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed This wellbore failed the Mechanical Integrity Test run 05/07/94. To bring the well into compliance the following procedure will be performed: 1) Locate hole in casing with tubing and packer. 2) Set 5 sack cement plug on top of CIBP @ 4770' in 5 1/2" casing. Circulate hole with mud laden fluid. 3) After locating the casing leak, contact the NMOCD District Office to obtain plugging instructions to TA well. If conditions exist that will not allow well to be TA, then the well shall be plugged and abandoned.

e information above is true and complete to the best of my knowledge and belief. Operations Manager 05/16/94 SIONATURE -. TITLE . Scott Graef TELEPHONE NO. (210)308-8000TYPE OR PRINT NAME

(This space for State Use)

ATTROVED BY ----

CHANGE TO ME DE THE SEX SEX SEX SEX

CONTRACTOR

CONDITIONS OF APPROVAL, IF ANY:



MAY 8 8 1994

DEFICE