

Submit to Appropriate  
District Office  
State Lease - 6 copies  
Fee Lease - 5 copies

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-101  
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I  
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

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

API NO. (assigned by OCD on New Wells)  
3002503254 OK

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
E-7418

7. Lease Name or Unit Agreement Name  
West Pearl Queen Unit

8. Well No.  
110

9. Pool name or Wildcat  
Pearl Queen

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☐ RE-ENTER ☒ DEEPEN ☐ PLUG BACK ☐

b. Type of Well:

OIL WELL ☐ GAS WELL ☐ OTHER INJECTION ☐ SINGLE ZONE ☒ MULTIPLE ZONE ☐

2. Name of Operator  
Pyramid Energy, Inc.

3. Address of Operator  
14100 San Pedro, Suite 700, San Antonio, Texas 78232

4. Well Location  
Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line  
Section 29 Township 19S Range 35E NMPM Lea County

10. Proposed Depth  
4998'

11. Formation  
Queen

12. Rotary or C.T.  
Rotary

13. Elevations (Show whether DF, RT, GR, etc.)  
3747 GR

14. Kind & Status Plug. Bond  
Blanket

15. Drilling Contractor  
Pool Well Service

16. Approx. Date Work will start  
10/15/91

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 1/2"	13 3/8"	44.5	88'	80	Surface
7 7/8"	5 1/2"	14#	4920'	300	3004'

The captioned was an injection well that was plugged 5/31/78.

Pyramid Energy, Inc. has received authorization to inject saltwater into the Queen Sand in this wellbore (Administrative Order No. WFX-613).

Pyramid proposes to drill out all cement plugs, retainers, CIBP & Packers to original TD of 4998'. Casing leaks will be repaired as necessary. Plastic coated tubing and Packer will be run to approx. 4750'. The well will be placed on injection after casing-tubing annulus test is run as per OCD Regulations.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Scott Graef TITLE Production Engineer DATE 10/09/91

TYPE OR PRINT NAME Scott Graef (512) 490-5000 TELEPHONE NO.

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval  
Date Unless Drilling Underway.

Workover

