To Appropriate District Office	
DISTRICT	

P.O. Box 1980, Hobbs, NM 88240

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

OIL CO 'SERVATION DIVISION

P.O. Box 2088

Santa Fe. New Mexico 87504-2088

 NO.	30-025-0325

____ DATE ___

5. Indicate Type of Lease STATE FEE 🗌

Jana	•	v,	•	 1.10,000	_	•	_

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No. E-5885
SUNDRY NOTICES AND REPORTS ON WEL (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN DIFFERENT RESERVOIR. USE "APPLICATION FOR PER (FORM C-101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL OTHER TA-II	West Pearl Queen Unit
2. Name of Operator	8. Well No.
Pyramid Energy, Inc.	131
3. Address of Operator	Pool name or Wildcat
10101 Reunion Place, Ste. 210 San Antonio 4. Well Location	, TX 78216 Pearl Queen
Unit Letter P: 660 Feet From The South	Line and 660 Feet From The East Line
	unge 35E NMPM Lea County
10. Elevation (Show whether 3742' GL	
	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
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB
OTHER: Locate casing leak and either TA X or P&A wellbore.	OTHER:
 Describe Proposed or Completed Operations (Clearly state all pertinent details, a work) SEE RULE 1103. 	nd give pertinent dates, including estimated date of starting any proposed
On May 7, 1994 the captioned well failed a wellbore into compliance, the following pr	
1) Locate casing leak with tubing an	nd packer.
2) Spot 5 sk. cement plug on top of with mud laden fluid.	CIBP at 4760' and circulate hole
If conditions exist that will not	d obtain instructions to TA wellbore. allow wellbore to be TA, then it shall dance with NMOCD rules and regulations.
L. M. O. L.	Abalad
I hereby certify that the information cover is true and complete to the best of my knowledge and signature	mue Operations Manager DATE 05/18/94
TYPEOR PRINT NAME Scott Graef	TELEPHONE NO. (210) 308-8(
(This space for State Use)	

__ TITLE ----

AFTROVED BY CONDITIONS OF APPROVAL, IF ANY:

OFFICE OFFI