

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

OIL CONSERVATION DIVISION

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

WELL API NO. 30-025-03258
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-5885
7. Lease Name or Unit Agreement Name West Pearl Queen Unit
8. Well No. 115
9. Pool name or Wildcat Pearl Queen
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3744' GL

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL ☐ GAS WELL ☐ OTHER TA - Oil Well

2. Name of Operator
Pyramid Energy, Inc.

3. Address of Operator
10101 Reunion Place, Ste. 210 San Antonio, TX 78216

4. Well Location
Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East Line
Section 30 Township 19S Range 35E NMPM Lea County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: Locate casing leak and either TA ☒
or P&A

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
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.

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 @ 4775'. Circulate hole with mud laden fluid.
- 3) After locating casing leak, contact the NMOC District Office to obtain instructions to TA well. If conditions exist that will not allow well to be TA, then the well shall be plugged and abandoned.

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

SIGNATURE Scott Graef TITLE Operations Manager DATE 05/16/94
TYPE OR PRINT NAME Scott Graef TELEPHONE NO. (214) 308-8000

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE 5/15/94
CONDITIONS OF APPROVAL, IF ANY:

ORIGINAL COPIES TO BE FILED IN
DISTRICT OFFICE