

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.
30-025-03259

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.
E-5885

7. Lease Name or Unit Agreement Name

West Pearl Queen Unit

8. Well No.

114

9. Pool name or Wildcat

Pearl Queen

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-Injection

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 H : 2310 Feet From The North Line and 330 Feet From The East Line

Section 30

Township 19S

Range 35E

NMPM

Lea

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3767' GL

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) Run in hole with packer and tubing and locate casing leak.
- 2) Spot a 5 sack cement plug inside the 5 1/2" casing on top of the CIBP set at 4800'. Circulate the hole with mud laden fluid from the top of the 5 sack cement plug back to surface.
- 3) Once the casing leak has been located, contact the NMOCD District Office to obtain instructions to TA wellbore. 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. (210) 308-8000

(This space for State Use)

APPROVED BY

TITLE

ORIGINAL SIGNED BY
DISTRICT SUPERVISOR

DATE

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAY 23 1994

**JOE ROOBS
OFFICE**