Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

## OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

I.	HEQUEST TO TR	FOR ALLOW/	ABLE AND	AUTHOF	RIZATION	1				
Operator	IL AND NATURAL GAS   Well APT No.									
Pyramid Energy, Address			30-025-03261							
10101 Reunion Pi Reason(s) for Filing (Check proper box	lace, Ste. 21	O San Antor	io, Texa	s 78:	216					
New Well	=	in Transporter of:	Ot	her (Please exp	olain)					
Recompletion	Oil [	Dry Gas								
Change in Operator	Cazinghead Gas	Condensate								
If change of operator give name and address of previous operator							<del></del>			
II. DESCRIPTION OF WELL AND LEASE  Lease Name  Well No. 18-13-13-13-13-13-13-13-13-13-13-13-13-13-										
West Doard Once 4. The Well No. Pool Name, Inc.						Lof Lease No. Federal or Fee				
Location		Teall (	Queen)	· · · · · · · · · · · · · · · · · · ·	Suite	receral or re	E-	1638		
Unit Letter A	:660	_ Feet From The _	North Lin	e and66	O· F	eet From The	East	1 in a		
Section 37 Township 195 Range 35E , NMPM, Lea County										
III. DESIGNATION OF TRA	NSPORTER OF C	OTI ANID NIATE	IDAT CAG					County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate  EOTT Oil Pipeline Company  Address (Give address to which approved copy of this form is to be sent)										
EOTT Oil Pipeline C	or Dry Gas	P.O. Box 4666 Houston, Texas 77210-4666								
Name of Authorized Transporter of Casi Warren Petroleum	Auditess (Give address to which approved copy of this form is to be sent)									
If well produces oil or liquids, give location of tanks.	Twp. Rge.	7 11.0. BOX 1589 Tulsa, OK 74102								
<b>L</b>	B 32	1 19St 35E	Voc			rch 1959	)			
If this production is commingled with that IV. COMPLETION DATA			ling order numb	per:						
Designate Type of Completion		1	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded Date Compl. Ready to P		Prod.	Total Depth		I	P.B.T.D.		1		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay							
Perforations						Tubing Depth				
				Depth Casing	Depth Casing Shoe					
TUBING, CASING ANI HOLE SIZE CASING & TUBING SIZE			CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT				
. TEST DATA AND REQUES	T FOR ALLOWA	RIE								
IL WELL (Test must be after re	ecovery of total volume of	of load oil and must I	". he equal to or e	read to allow	.aklada-alla					
Date First New Oil Run To Tank	First New Oil Run To Tank Date of Test				t be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)					
ength of Test	Tubing Pressure		Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.			Gas- MCF					
GAS WELL	<u> </u>		<del></del>							
ctual Prod. Test - MCF/D	Length of Test	<del></del>	Obla Candana	A 0 / 08	·					
		Bbls. Condensate/MMCF			Gravity of Condensate					
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size				
I. OPERATOR CERTIFICA	ATE OF COMPI	JANCE								
Division have been complied with and that the information areas and regulations of the Oil Conservation			OIL CONSERVATION DIVISION							
is true and complete to the best of my knowledge and belief.			Date Approved							
Sert Frank										
Signature Scott Graef Production Engineer			Byspined by							
Printed Name   170ddct1011 Engineer   Title   (210) 308-8000			Title Dist 1. Sup							
Date /	11tie	i	Age 1 Du							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
  4) Separate Form C-104 must be filed for each pool in multiply completed wells.