Energy, Minerals and Natural Resources Department

Form C-1U3 Revised I-I-89

1

District Office				
OIL CO. SERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088		WELL API NO. 30-025-03264		
DISTRICT III P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 11000 Rio Brazos Rd., Aziec, NM 87410 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.)			5. Indicate Type of Lease STATE K FEE	
			6. State Oil & Gas Lease No. E-1638	
			7. Lease Name or Unit Agreement Name	
1. Type of Well: OIL GAS WELL WELL	· · · · · · · · · · · · · · · · · · ·	ection	West Pearl Queen Unit	
2. Name of Operator			8. Well No.	
Pyramid Energy, Inc.			152	
3. Address of Operator			9. Pool name or Wildcat	
10101 Reunion Place,	Ste. 210 San Antonio,	TX 78216	Pearl Queen	
Unit Letter H : 165	O Feet From The North	Line and33	60 Feet From The <u>East</u> Line	
Section 31	Township 195 Rau 10. Elevation (Show whether I	-	NMPM Lea County	
11. Check	Appropriate Box to Indicate I	Nature of Notice, I	Report, or Other Data	
NOTICE OF IN	TENTION TO:	SUI	BSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLIN			NG OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING CASING TEST AND			CEMENT JOB .	
OTHER:		OTHER: Temporarily Abandon Wellbore		
12. Describe Proposed or Completed Oper work) SEE RULE 1103.	ations (Clearly state all pertinent details, ar	nd give pertinent dates, inc	luding estimated date of starting any proposed	
plug on to tubing and Pulled tub for 30 min	p of bridge plug. Circ packer to test casing. ing and packer and pack	ulated hole wi Casing held ed off well. chart. Casin	'. Spotted 25 sack cement th mud laden fluid. Ran 500 psi with no leak off. Pressured casing to 600 psi g held. Bled pressure and	
	· ·			
		This Appro	oval of Temporary 66	
<u> </u>	·			
\mathcal{A}	rue and complete to the best of my knowledge and	operations	Manager 06/01/94	
TYPE OR PRINT NAME SCOTE	Graef	TE	теленоне но.	
(This space for State Use)				
		OFF F	A 7 400	
ATROVED BY	π	TLE	DATE JUN U 1 85	
CONDITIONS OF APPROVAL, IF ANY:				

