

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 NO.
30-025-03264

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
E-1638

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.)

7. Lease Name or Unit Agreement Name

West Pearl Queen Unit

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

2. Name of Operator
Pyramid Energy, Inc.

8. Well No.
152

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

9. Pool name or Wildcat
Pearl Queen

4. Well Location
Unit Letter H : 1650 Feet From The North Line and 330 Feet From The East Line

Section 31 Township 19S Range 35E NMPM Lea County

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

3723' 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 wellbore. ☒

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.

On May 7, 1994, the captioned well failed a casing integrity test. To bring the wellbore into compliance, the following procedure will be performed:

- 1) Locate casing leak with tubing and packer.
- 2) Spot 10 sack cement plug on CIBP at 4700' and circulate hole with mud laden fluid.
- 3) Contact NMOCD District Office and obtain instructions to TA wellbore. If conditions exist that will not allow the well to be TA, then it shall be plugged and abandoned in accordance to NMOCD rules and regulations.

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 05/18/94

TYPE OR PRINT NAME Scott Graef TELEPHONE NO. (210) 308-8000

(This space for State Use)

ORIGINAL REVIEWED BY JERRY SEXTON
DISTRICT MANAGER

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAY 10 1964

COMMUNICATIONS
OFFICE