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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

Santa Fe, New Mexico 87504-2088

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

I.						AUTHORIZ TURAL GA	-				
Perator Perator							Well API No. 037 (54 30-025-03275				
Pyramid Energy, Inc.						30-025- <del>032/5</del>					
Address 1/100 Sam B	adam Cd.	700		0			7000				
Reason(s) for Filing (Check proper box)	edro, Sul	te /00	)	5		io, Texa: er (Please expla		2			
New Well	Ch	ange in Tr	ansporter	of:		ange in o	•	r from S	irgo Op	erating,	
Recompletion	Oil	<b>D</b>	ry Gas			c. to Py					
Change in Operator X	Casinghead G	as C	ondensate	; <u> </u>	Ju	ly 1, 19	90.				
If change of operator give name and address of previous operator Si	rgo Opera	ting,	Inc.	P.0	. Box 35	31 Mid	land, T	exas 79	702	· · · · · · · · · · · · · · · · · · ·	
II. DESCRIPTION OF WELL	AND LEAS										
Lease Name Well No. Pool Name, Includi					Tours			of Lease Federal or Fee	, , , , ,		
West Pearl Queen Un	it	152	Pear	1 (Q	ueen)	<del></del>	State	rederal or ree	E-16	38	
Unit Letter H	_ :16	550 F	eet From	The1	North Line	e and33	10 Fe	et From The _	East	Line	
Section 31 Townsh	i <b>p</b> 198	R	ange	35E	, NI	мРМ,	Lea			County	
III. DESIGNATION OF TRAN	SPORTER	OF OIL	AND I	NATU	RAL GAS		INJECT	ON WELL	- TA		
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)											
If well produces oil or liquids, give location of tanks.	Unit See	с. Т	wp.	Rge. Is gas actually connected? When				. ?			
If this production is commingled with that	from any other l						!				
IV. COMPLETION DATA	Trom any other is	ease or poo	ж, give с	orming.	ing order num	oer:					
Designate Type of Completion	- (X)	dil Well	Gas	Well	New Well	Workover   	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded Date Compl. Ready to Prod.				•	Total Depth	<u> </u>		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Produ	ducing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations						<del></del>		Depth Casing Shoe			
	TUE	SING. C.	ASING	AND	CEMENTI	NG RECORI	)	<u> </u>			
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
								<u> </u>		<del></del>	
					·						
V. TEST DATA AND REQUES OIL WELL Test must be after t				ad munt	he equal to on	exact to allow	uahla for this	danth on he fo	6.11 24 have	}	
Date First New Oil Run To Tank Date of Test					be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Pressu	re		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL		<del></del>					·····				
Actual Prod. Test - MCF/D Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI OPERATOR CERTIFIC	ATE OF C	OMDI 1	[ A NICT								
VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with end that the information of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved					1990	
Signature Stanf		·			By						

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

Graef

Scott

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

PISINAL SIGNED BY JERRY SEXTON

TOUTHOUSE SUPERVISOR

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Production Engineer
Title

Telephone No.

(512) 490-5000

- 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.