Submit 5 Copies
Appropriate District Office
DISTRICT 1
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, NIM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	I. TO TRANSPORT OIL AND NATURAL GAS												
	Operator Pyramid Energy, Inc.								Well API No.				
: .	Address									30-025-03265			
	10101 Reunion Pl Reason(s) for Filing (Check proper box	io, Texa	s 782										
	Reason(s) for Piling (Check proper box) Other (Please explain)												
	Recompletion			. A.									
	Change in Operator Casinghead Gas Condensate If change of operator give name											:	
	and address of previous operator			9 24 - 4									
	L. DESCRIPTION OF WELL	L AND LE		. <u> </u>	`		e de la companya de La companya de la co	*					
	Lease Name West Pearl Que	e, Includ	cluding Formation Kind of Lease Lease No. (Queen) Kind of Lease E-1638										
	Location		153	rea	II (((ueen)	 		A CORPORATION I	E.	-1638	_	
	Unit LetterG	;1	650	_ Feet From	The N	orth Lin	e and 165	О,	Feet From The	East	Line		
	Section 31 Tourse 199 - 250												
		- Kinge 00					Tea Lea					_	
ļ	II. DESIGNATION OF TRANSPORMER OF Authorized Transporter of Oil	NSPORTE	R OF O	IL AND	NATU	RAL GAS	e address to wi	Valence	4 4 . 1			_	
L	EOTT Oil Pipeline C	ipeline 1-04	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4666 Houston, Texas 77210-4666										
ľ	Name of Authorized Transporter of Casinghead Gas Warren Petroleum					Address (Give address to which approved copy of this form is to be sent)						_	
1	well produces oil or liquids. Unit Ser T			Twp.		P.O. Box 1589 Tulsa, OK 74102 L. Is gas actually connected? When?						-	
	ve location of tanks.	195	Yes March 1050										
ľ	is production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA												
	Designate Type of Completion	- 00	Oil Well	Gas	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	_	
Ē	ate Spudded	Date Comp	L Ready to	Prod		Total Depth			ļ	<u>i</u>			
			The comparison of the control of the			•			P.B.T.D.				
E	levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
Pe	erforations								Depth Casing Shoe				
\vdash													
	HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE					G RECORD DEPTH SET)	SACKS CEMENT				
		- Contract Tourist Orac				DEI III DEI			SAONS CEMENT				
\vdash												1	
											 	$\frac{1}{2}$	
v. OI	TEST DATA AND REQUES L WELL (Test must be after re				d mund b	".						J	
Da	te First New Oil Run To Tank	Date of Test	70.272 07	TOTAL OIL GAL	I MILST OF	be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)							
Le	ength of Test Tubing Pressure					Casing Pressure Choke Size							
L		Tuesday Treesday				ween Licesonic							
Ac	tual Prod. During Test	Oil - Bbis.				Water - Bbls.			Gas- MCF				
GAS WELL													
	mal Prod. Test - MCF/D	Length of Tes	it ——		E	bls. Condensa	te/MMCF		Gravity of Co	ndensate	· · · · · · · · · · · · · · · · · · ·	1	
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)													
tuning resident (Sour-m)						asing Pressure	(Shut-in)	•	Choke Size				
VI.	VI. OPERATOR CERTIFICATE OF COMPLIANCE									 		İ	
I I	I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						OIL CONSERVATION DIVISION						
i	is true and complete to the best of my knowledge and belief.						Date Approved						
	Let Suf					Orig. Signed by							
-5	ignature	-	By Jerry Sexton										
-	Scott Graef Production Engineer Printed Name / / 2 Title					Dist L. Sugar.							
_	Date (210) 308-8000 Telephone No.						Title						
1	лав / '												

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 with Rule 111.
- 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.