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., Aztec, NM 87410

I.						AUTHOR					
Operator		TOTRA	NSPO	<u>RT OI</u>	L AND N	ATURAL C	AS				
1 -		•		Wel	API No.						
Pyramid Energy, Inc. Address								30=025=(	3265		
10101 Reunion Pl	ace, Ste	e. 210	San A	nton	io, Texa	as . 782	216				
Reason(s) for ruing (Check proper box)	1 .					ther (Please exp	lain)		<del></del>		
New Well			Transporte	r of:							
Recompletion	Oil		Dry Gas	Ш							
Change in Operator	Casinghea	id Gas	Condensat	_ 🔲							
If change of operator give name and address of previous operator								<del></del>			
•	-		· · ·			· · · · · · · · · · · · · · · · · · ·				<del></del>	
II. DESCRIPTION OF WELL	AND LE										
Lease Name	Well No. Pool Name, Includ			ling Formation Kind			of Lease No.				
West Pearl Que	en <i>unu</i>   153   Pearl (0						Federal or Federal		1638		
Location											
Unit LetterG	:1	.650	Feet From	The No	orth L	165	io .		East		
						De 200	r	eet From The		Line	
Section 31 Towns	35E	E , NMPM, Lea County					County				
										County	
III. DESIGNATION OF TRAI	<b>NSPORTE</b>	R OF OI	L AND	NATU	RAL GAS	}					
realize of Authorized Transporter of Oil		or Condens	ate _	7	Address (G	ive address to w	hich approved	d copy of this fo	orm is to be se	ent)	
EOTT Oil Pipeline Company					P.O. Box 4666 Houston, Texas 77210-4666						
	Name of Authorized Transporter of Casinghead Gas X or Dry Gas				Address (Give address to which approved copy of this form is to be sent)						
Warren Petroleum /	<u> </u>	MA	CAL	2	P.O. Box 1589 Tulsa, OK 74102						
If well produces oil or liquids, give location of tanks.	Unit Sec Twp. R			Rge.	. Is gas actually connected? When						
	$\frac{1}{B}$	32	198	35E	Yes		Ma	arch 1959	•		
f this production is commingled with that V. COMPLETION DATA	from any other	er lease or p	ool, give co	xmningli	ing order nun	iber:					
V. COMPLETION DATA		γ <del></del>							·		
Designate Type of Completion	- <b>(^</b> )	Oil Well	Gas	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		لينب				1	1	i i		i	
Date Spugged	Date Compl	l. Ready to I	Prod.		Total Depth			P.B.T.D.			
	ļ							1			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay	<del></del>	Tubing Depth	1		
Performing .											
Perforations					Depth Casing Shoe						
								, .		ĺ	
TUBING, CASING AND					CEMENTING RECORD						
HOLE SIZE CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT		
					····			OTTORIO GEMENT			
<u> </u>									<del></del>		
Minoria to					<u>"</u>			<del></del>	<del></del>		
. TEST DATA AND REQUES					·.			L	<del></del> -		
IL WELL (Test must be after re	d must b	t be equal to or exceed top allowable for this depth or be for full 24 hours.)									
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
and of The	ļ <u>.</u>										
ength of Test	Tubing Press	rure		- 1	Casing Pressu	ire		Choke Size			
ctual Prod. During Test Oil - Bbls.				1	Water - Bbls.			Gas- MCF			
GAS WELL											
ctual Prod. Test - MCF/D	Length of Te	st		n	Bbls. Conden	sate/MMCE		Converse of Co	472		
								Gravity of Condensate			
sting Method (pitot, back pr.)  Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
						(22.)		Close Size			
I. OPERATOR CERTIFIC	ATE OF (	COMPT	LANICE	——\ <sub> </sub>			· . —				
I. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation						IL CON	SERV/	TION D	1/10101	<b>.</b> 1	
Division have been complied with and that the information given above						VIE OOM			1010101	V	
is true and complete to the best of my knowledge and belief.											
1 11 4 1					Date Approved						
Lett Sal					Cities Signed by						
Signature					By jerry Sexton						
Scott Graef Production Engineer					Diet 1. Supe.						
Printed Name					Title						
1//.5/93- Date	(210)	308-8		_	1106	<del></del>					
Date / '		Telepho	ne No.								

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.