Submit 5 Conies 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., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Pyramid Energy, Inc. 30-025-03266 10101 Reunion Place, Ste. 210 San Antonio, <u>Texas</u> 78216 Reason(s) for Filing (Check proper box) Other (Please explain) New Well inge in Transporter of: Recompletion Oil Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, Including Formation Kind of Lease West Pearl Queen unit Lease No. State, Bederal or Fee Pearl (Queen) E-1638 Location 1980 Feet From The North Line and \_\_\_ Unit Letter \_\_ Feet From The \_ West 31 Township 19S 35E , NMPM. III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)  $\Box$ EOTT Oil Pipeline Company P.O. Box 4666 Houston, Texas 77210-4666 Name of Authorized Transporter of Casinghead Gasy Address (Give address to which approved copy of this form is to be sent) or Dry Gas [ Warren Petroleum **₱₽.0. Box 1589** Tulsa, OK 74102 If well produces oil or liquids, Unit Rge. Is gas actually connected? ир. 19s When? give location of tanks. В 32 35E Yes March 1959 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Date Spudded Total Depth P.B.T.D Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE **DEPTH SET** SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) OIL WELL Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test **Tubing Pressure** Casing Pressure Choke Size Actual Prod. During Test Oil - Rhie Water - Bbls Gas- MCF **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCP Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations 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 \_ Scott Graef Una Signed by

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

Printed Name

Date

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\_

erry Sexton

Dist I, Supe.

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

(210) 308-8000 Telephone No.

Production Engineer

Title

- 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.