

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 API NO. 30-025-28165 03271
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-5886
7. Lease Name or Unit Agreement Name West Pearl Queen Unit
8. Well No. 139
9. Pool name or Wildcat Pearl Queen
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3736'

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.)

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

2. Name of Operator
Pyramid Energy, Inc.

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

4. Well Location
Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line
Section 32 Township 19S Range 35E NMPM Lea County

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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
Convert to injection ☒
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.

09/30/91 Test casing and found leak at 850'. Squeezed leak and circulated cement
to from 850' to surface between 4 1/2" casing and 8 5/8" surface casing.
10/09/91 Cleaned out wellbore to 5057'. Ran 148 jts. of 2 3/8" internally plastic
coated tubing and Baker Model AD-1 tension packer. Circulated packer
fluid and set packer at 4682'. Injection interval 4772'-4932' through
perfs and 4926' - 5057' open hole. Pressured annulus to 500 psi and
ran state test.

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 05/11/94
TYPE OR PRINT NAME Scott Graef TELEPHONE NO. (210) 308-8000

(This space for State Use)

APPROVED BY _____ TITLE ORIGINAL SIGNED BY JERRY SEATON
DISTRICT SUPERVISOR DATE _____
CONDITIONS OF APPROVAL, IF ANY:

6-1-94
1-