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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

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 Santa Fe, New Mexico 87504-2088

1000 Kio Brazos Kd., Azzec, NM 8/410	REQ					AUTHORI					
I. TO TRANSPORT OIL AND NATURAL GAS  Operator Well									PINo. 03271 30-025-2 <del>8165</del>		
Pyramid Energy, Inc.								30-025-20	<del>5105</del>		
Address 14100 San P	edro. S	Suite 70	00	S	an Antor	nio. Texa	s 7823	2			
Reason(s) for Filing (Check proper box)	<del></del>				Oth	ner (Please expl	ain)				
New Well		Change in	-					r from Si			
Recompletion  Change in Operator  X	Oil Casinghe		Dry Ga Conden	_		ily 1, 19		nergy, In	c. erre	ctive	
If change of operator give name					. Box 35			707			
and address of previous operator	rgo ope	racing	, 1110	. F.U	· BOX J.	JJI MIO	iranu, i	exas 797	<u>U</u> 2		
II. DESCRIPTION OF WELL	AND LE		Inc. s N	T14	Ftion		Vi-4	of Lease	Laz	se No.	
Lease NameWell No.Pool Name, IncludiWest Pearl Queen Unit139Pearl (Q						- Y Cana !			Federal or Fee E-5886		
Location		1 20)	1	.422 (9		,					
Unit LetterA	_ :	660	Feet Fr	om The	North Lin	ne and 660	Fe	et From The	East	Line	
Section 32 Townsh	ip 195	3	Range	35E	, N	мрм,	Lea			County	
III. DESIGNATION OF TRAN	NSPORTI			D NATU							
Name of Authorized Transporter of Oil x or Condensate						Address (Give address to which approved copy of this form is to be sent)  P.O. Box 1910 Midland, Texas 79702					
Shell Pipeline Company						P.O. Box 1910 Midland, T Address (Give address to which approved copy of P.O. Box 1589 Tulsa, OK 4001 Penbrook Odessa, T				1	
Name of Authorized Transporter of Casinghead Gas x or Dry Gas Warren Petroleum Phillips 66 Natural Gas Co. <b>GPM Gas Corporat</b>					4001	Box 1589	Tulsa	OK TX 7410	. 5 10 0e seni 2 7.62	<u></u>	
If well produces oil or liquids, give location of tanks.	Unit	Sectiff	CTPVE	FeBfe	legal action	ponnected?	When	? *			
If this production is commingled with that	from any of	32	198	35E	Yes	·		March 195	9	j	
IV. COMPLETION DATA	. Hom any o	nier lease or	pout, gr	e commung.	ing order num	ioci.			<u>.</u>	<del></del>	
Designate Type of Completion	- (X)	Oil Well	1	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Date Spudded	Date Con	npl. Ready to	Prod.		Total Depth	<u>.</u>		P.B.T.D.	***************************************		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations					<u> </u>		· · · · · · · · · · · · · · · · · · ·	Depth Casing Shoe			
					CEMENTI	NG RECOR	D			_	
HOLE SIZE	C/	ASING & TU	JBING S	SIZE	<del> </del>	DEPTH SET		SAC	CKS CEMEN	<u> </u>	
	<del>                                     </del>	· · · · · · · · · · · · · · · · · · ·		<del></del>							
V. TEST DATA AND REQUE	ST FOR	ALLOW	RIE	<del> </del>	<u> </u>	<del> </del>		<u> </u>			
OIL WELL (Test must be after t				oil and must	be equal to or	r exceed top allo	owable for this	depth or be for	full 24 hows.	)	
Date First New Oil Run To Tank	Date of T					lethod (Flow, pu			<u> </u>		
Length of Test	Table D				Casina Davas			Choke Size	·		
Length of Test Tubing Pressure					Casing Press	Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	<u> </u>			<del></del>	1		·····	<u> </u>		<u>.</u>	
Actual Prod. Test - MCF/D	ACF/D Length of Test					nsate/MMCF		Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATF O	F COM	TIAN	ICE	<del> </del>	·	<del></del> .	<u> </u>			
I hereby certify that the rules and regu	lations of the	e Oil Conser	vation		(	OIL CON	<b>ISERV</b>	ATION DI	<b>IVISIO</b> 1	1	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.									MIM C	7 1000	
is true and complete to the best of my	Enowledge	and Delief.			Date	Approve	d	· ·	UN &	1990	
Sett Sheel											
Signature	<del></del>		_	<del>,,,,,,,</del>	∥ By_			記憶がらか ATTNL		<u> ११ हरू४<b>२०</b></u> व्यक्तिक	
Scott Graef . Printed Name	Production Engineer Tide				Title						
6/25/90	(512)	) 490-5	000		Title		<del> </del>				

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.