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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., Aziec, NM 87410

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

4.			SCON! OIL	- און שווא	JONALG	70				
Operator						Well	API No.			
Pyramid Energy, Inc.							30-025-03273			
Address 14100 San P	eđro Si	11to 700	, c	an Anto-	ido Torri	7000	12			
Reason(s) for Filing (Check proper box)	caro, se	-Tre / U/	<u>,                                    </u>		nio, Texa er (Please exp		24	<del></del>		
New Well		Change in Tr	· —	CI	nange in	operato	r from	Sirgo Op	erating,	
Recompletion	Oil		ry Gas 📙		ic. to P		nergy,	Inc. eff	ective	
Change in Operator X	Casinghea	d Gas U C	ondensate	J۱	11y 1, 19	990.				
If change of operator give name and address of previous operator Si	rgo Oper	rating,	Inc. P.O	. Box 3	531 Mic	iland, T	exas 7	9702	······································	
II. DESCRIPTION OF WELL	AND LEA							<del></del>		
Lease Name	ng Formation			Kind of Lease State, Federal or Fee		Lease No. E-5886				
West Pearl Queen Un	10	137	Pearl (Q	ueen)	<del> </del>			2-30		
Unit LetterC	:66	0F	eet From TheN	orth Lin	e and	1980 F	et From The	West	Line	
Section 32 Townshi	i <u>p</u> 1	9S <b>r</b> :	ange 3	5E , N	мрм,	Lea			County	
III. DESIGNATION OF TRAN	SPORTE	R OF OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil	$\square$	or Condensat		Address (Giv	e address to w	hich approved	copy of this	form is to be se	:ns)	
Shell Pipeline Compa			D-, C-, C-	P.O.	Box 1910	) Midla	nd, Tex	as 7970	2	
Name of Authorized Transporter of Casin Warren Petroleum Phillips 66 Natural	Cae Co	GPM Ga	Dry Gas s Corporation	n PAR	Box 1589	nuch approved Tulsa,	OK 74	orm is to be se	int)	
If well produces oil or liquids,	Unit	s&FFEQFN	VE: Februar	Ms gas actor	connected?	When		79762		
give location of tanks.	B .		19S  35E	Yes		i	March 1	959		
If this production is commingled with that IV. COMPLETION DATA	from any other	er lease or poo	d, give commingl	ing order num	ber:			<del></del>		
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded Date Compl. Read			Prod. Total Depth		1	<u>.l</u> .	P.B.T.D.			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations							Depth Casing Shoe			
		UDDIC C	A CIDIC AND	CIEN CENTRE	VC DECOR			<del></del>		
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
	CASING & TOBING SIZE			<i>DE.</i> 111 dE1			OAGNO GEMENT			
V. TEST DATA AND REQUES	T FOR A	LLOWAB	LE				1			
OIL WELL (Test must be after r				be equal to or	exceed top allo	owable for this	depth or be	for full 24 hour	rs.)	
Date First New Oil Run To Tank	Date of Test	·		<del></del>	thod (Flow, pu					
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF			
GAS WELL	<u></u>									
Actual Prod. Test - MCF/D	Length of T	est .	· · · · · · · · · · · · · · · · · · ·	Bbls. Conden	sate/MMCF		Gravity of C	Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMPLI	ANCE				<del></del>			
I hereby certify that the rules and regula	ations of the C	Dil Conservatio	on ·		DIL CON	ISERVA	NOITA	DIVISIO	N	
Division have been complied with and is true and complete to the best of my h			bove					MAN	8 7 1990	
/ // A/ /	montonke all			Date	Approve	d		O 13 (1)	<u> </u>	
Seatt Smal				_						
Signature	ъ.	–		By_			is Brisan	U7) Die 10	Y SEXTON	
Scott Graef . Printed Name	Produc	tion En		Tille	•		42 11 11 11	ruhen mak 1 Saperan	OT DE <b>xton</b> Bor	
6/25/90	(512)	490-500	0	Title.		· · · · · · · · · · · · · · · · · · ·		The same of the sa	·	
Dale		Telephor	ne No	1 .						

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.