A Commence of the Commence of	
District Office	TCION
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088	0-025-03276
DISTRICT II Santa Fe, New Mexico 87504-20 P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No. E-5886
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	BACK TO A 7. Lease Name or Unit Agreement Name West Pearl Queen Unit
1. Type of Well:	
OIL GAS WELL OTHER TA - Oil We.	11
2. Name of Operator	8. Well No.
Pyramid Energy, Inc.	149
3. Address of Operator	9. Pool name or Wildcat
10101 Reunion Place, Suite 210 San Antonio, TX 78	216 Pearl Queen
10101 Reunion Place, Suite 210 San Intentity 11	
1000 Fast line	
Unit Letter G: 1980 Feet From The North Lin	C 450
300	35E NMPM Lea County
Section 32 Township 19S Range	TOTAL
V/////////////////////////////////////	
3720' GL VIIIIIIIIII	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
NOTICE OF INTENTION TO.	
PERFORM REMEDIAL WORK	ALTERING CASING ALTERING CASING PLUG AND ABANDONMENT
TEMPORARILY ABANDON CHANGE PLANS	
PULL OR ALTER CASING CASING TEST AND CEMENT JOB	
OTHER: Locate casing leak and either TA X OTHER	:U
Or PEA WellDore. 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.	
On May 7, 1994 the captioned well failed a casing integrity test. To bring the wellbore into compliance, the following procedure will be performed:	
1) Locate casing leak with tubing and packer.	
2) Spot 5 sack cement plug on top of CIBP at 4740' and circulate hole with mud laden fluid.	
3) Contact the NMOCD District Office and obtain instructions to TA the	
wellbore. If conditions exist that do not allow the wellbore to be in,	
it shall be plugged and abandoned in accordance with NMOCD rules and	

_ mue Operations Manager

__ mrue -

ORIGINAL SIGNED BY JORKY SEXTON

DIGIRICI I SUITERVISOR

___ date __05/18/94

TELEPHONE NO(210) 308-8000

7.5 34

regulations.

SIGNATURE -

TYPE OR PRINT NAME

(This space for State Use)

APTROVED BY CONDITIONS OF APPROVAL, IP ANY:

I hereby certify that the information abover is true and complete to the best of my knowledge and belief.

Scott Graef

RECEIVED

MAY 23 1994

OFFICE NUMBERS