Date to die : OIL CONSERVATION DIVISION DISTRICTI API NO. P.O. Box 1980, Hobbs, NM 88240 30-025-03278 P.O. Box 2088 Santa Fe, New Mexico 87504-2088 DISTRICTI 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE FEE 📋 DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 E-5886 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: onex TA - Oil Well West Pearl Queen Unit WELL | 8. Well No. 2. Name of Operator 151 Pyramid Energy, Inc. 9. Pool name or Wildcat 3. Address of Operator 10101 Reunion Place, Ste. 210 San Antonio, TX 78216 Pearl Queen 4. Well Location E : 1980 Feet From The ____ 660 Feet From The West __ Line and ___ North County 19S Range NMPM Township Section 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3720' GL Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: **ALTERING CASING** PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. **CHANGE PLANS TEMPORARILY ABANDON** CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** Locate casing leak and either TA OTHER OTHER: or P&A wellbore. 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: Locate casing leak with tubing and packer. Spot 5 sack cement plug on CIBP at 4490' and circulate hole with mud laden fluid. 3) Contact NMOCD District Office and obtain instructions to TA wellbore. If conditions exist that will not allow wellbore to be TA, then it shall be plugged and abandoned in accordance to NMOCD rules and regulations. I hereby certify that the information above is true and complete to the best of my knowledge and belief. Operations Manager _ mle -SKINATURE -TELEPHONE NO. (210) 308-8000 Scott Graef TYPE OR PRINT NAME (This space for State Use) ORIGINAL STONED BY JEDRY STRION

- TITLE :

APPROVED BY ---

CONDITIONS OF APPROVAL, IF ANY:

PEYSECT : SUMERVISOR

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May 23 1994

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