Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

I.

State of New Mexico

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

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							Well	API No.			
Pyramid Energy, Inc.						30-025-03291					
Address											
10101 Reunion Pla	ice, Ste	210	Sa	n Anton		her (Please exp	8216			<u></u>	
New Well		Change in	n Trans	porter of:	<u>.</u>	rict (t seme ext	num	•			
Recompletion	Oil		Dry (·						
Change in Operator	Casinghea		•	lensate 🔲			•				
If change of operator give name and address of previous operator											
IL DESCRIPTION OF WELL AND LEASE											
Lease Name East Pearl Queen					ame, Including Formation earl (Queen)			Kind of Lease State Federal or Fee		ease No. 387	
Location	1	50	1	· earr ((deen)			,			
Unit LetterK	. 198	80	Feet 1	From The So	outh L	ne and) Fe	et From The	West	Line	
	_ 19	19			Em				··· · ·		
Section 34 Township 19S Range 35E NMPM, Lea County											
III. DESIGNATION OF TRANSPORTER OF OHL AND NATURAL GAS Name of Authorized Transporter of Oil Or Consequence CIPTY Pipelingels (Give address to which approved copy of this form is to be sent)											
Name of Authorized Transporter of Oil	(X)	or Control	Fffc	City A 1	CHAB-FIRE	ve address to w					
EOTT Oil Pipeline Company Effective 4-1 Name of Authorized Transporter of Casinghead Gas X or Dry Gas					Address (Gi	ox 4000 we address to w	HOUSTO	copy of this form is to be sent)			
Warren Petroleum					P.O. B	ож 1589		OK 74102			
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 27	Twp.		Is gas actually connected? When			?			
If this production is commingled with that from any other lease or pool, give commingling order number:											
IV. COMPLETION DATA	 -	100 72.0		O W/-II	1 32 \$92.90	1 37/	1 8	Dt D1-	(S	District.	
Designate Type of Completion	· (X)	Oil Well	ŀ	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl	. Ready to	Prod.		Total Depth			P.B.T.D.		-	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations					l			Depth Casing Shoe			
TUBING, CASING AND					CEMENTI						
HOLE SIZE CASING & TUBING SIZE						DEPTH SET		SACKS CEMENT			
								 			
T TECT DATA AND DECLIES	T POD AT	LOWA	DIE					<u> </u>	·		
V. TEST DATA AND REQUES OIL WELL (Test must be after re					he equal to or	exceed top allo	owable for this	depth or be fo	or full 24 hour.	e.)	
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)											
						<u> </u>		Choke Size			
Length of Test	Tubing Pressure				Casing Press	116		Cliore Size			
Actual Prod. During Test	Oil - Bbis.				Water - Bbis.			Gas- MCF			
CAC TIPL I	L									<u> </u>	
AS WELL citial Prod. Test - MCF/D Length of Test					Bbls, Conden	sate/MMCF		Gravity of Condensate			
								I			
esting Method (pitot, back pr.)) Tubing Pressure (Shut-in)				Casing Press	ire (Shut-in)		Choke Size			
VI. OPERATOR CERTIFICA		OU CONCEDIATION DIVIDION									
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					NOV 2.9 1993						
1441					Date Approved NOV 2 9 1993						
Nest Hast					By_		CIGNED !	y JERRY S	EXTON		
Signature Scott Graef Production Engineer					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Printed Name / /6/93 (210) 308~8000									المعادد والمداد		
Date	LALU		hone N		,						

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.