

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240DISTRICT II
P.O. Drawer DD, Artesia, NM 88210DISTRICT III
1000 Rio Brazos Rd., Ariceo, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL NO.	30-025-03292
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	E-5887
7. Lease Name or Unit Agreement Name	
East Pearl Queen Unit	
8. Well No.	51
9. Pool name or Wildcat	Pearl Queen
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
3694' DF	

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Injection	2. Name of Operator Pyramid Energy, Inc.
3. Address of Operator 10101 Reunion Place San Antonio, TX 78216	4. Well Location Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line Section 34 Township 19S Range 35E NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3694' DF	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: 5 yr. Mechanical Integrity Test on ☒
T.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.

5/5/94 Ran Mechanical Integrity on temporarily abandoned wellbore as per NMOCDD Rules and Regulations. Pressured casing to 300 psi, casing held. Pressure chart is attached.

This Approval of Temporary
Abandonment Expires 5-1-99

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

SIGNATURE Scott Graef TITLE Operations Manager DATE 05/10/94TYPE OR PRINT NAME Scott GraefTELEPHONE NO. (210) 308-8000

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEYTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

