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

State of New Mexico inergy, Minerals and Natural Resources Depar Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		IO IRA	NVOF	ONI OII	- AND NA	1 OF IAL G	Well	PI No.			
Operator Pyramid Energy, Inc.							30-025-03294				
Address				<u> </u>				<u> </u>			
10101 Reunion Place	ce, Ste	210	Sar	Anton			216				
Reason(s) for Filing (Check proper box)			_		Oth	et (Please expl	ain)				
New Well	Oil	Change in									
Recompletion U	Casinghea		. •	ensate							
If change of operator give name	<u> </u>			<u>-</u>			<del> </del>				
and address of previous operator			<del></del>		<del></del>	·			· ··· · · · · · · · · · · · · · · ·		
II. DESCRIPTION OF WELL.	AND LE		T= .		5		Wind.	of Lease	1 1	ease No.	
Lease Name East Pearl Queen Unit 52				Pearl (	ing Formation	_		State Federal or Fee		887	
Location		52	I		(/						
Unit Letter M	: 990		Feet	From The _S	outh un	and	· 990 F	et From The	West	Line	
	100							ea County			
Section 34 Township	) <u>1</u> ;	75	Rang	e	DE N	MPM,		-a		County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	TT. A	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil	IX)	on Conde	ente.	7r Pr	Address (Giv	e address to w		copy of this for			
EOTT Oil Pipeline	Compa	07-011	i ⊆ii( <del>Elfon</del>	Hyo A	THE BE	x 4666		n. Texas			
Name of Authorized Transporter of Oil  EOTT Oil Pipeline Company  Name of Authorized Transporter of Casinghead Gas  Warren Petroleum  Name of Authorized Transporter of Casinghead Gas  Warren Petroleum  Name of Authorized Transporter of Casinghead Gas  Warren Petroleum  Address (Give address to which approved copy of this form is to be s  P.O. Box 1589  Tulsa, OK 74102										nu j	
								n 7			
give location of tanks.	F	27		9S 351			<u>i_</u>				
If this production is commingled with that i	from any oth	er lease or	pool, g	rive comming	ling order numl	ber:	<u></u>				
IV. COMPLETION DATA		10		G - W/.II	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well	\ . <del> </del>	Gas Well	Mem Merr	WOLKOVEL	Deepen		and No.		
Date Spudded		ol. Ready to	Prod.		Total Depth	L	, L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	P.B.T.D.			
							<u></u>				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations					<u> </u>			Depth Casing	Shoe		
renovations											
	CEMENTI	NG RECOR	D D								
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	ļ		<del></del>		ļ				<del></del>		
				·	<u> </u>		····				
	<del> </del>										
V. TEST DATA AND REQUES	T FOR A	LLOW	ABL	E				la dameh an ha Co	n 6.11 24 hau	me 1	
OIL WELL (Test must be after r	Date of Te		of loa	d oil and mu	Producing M	exceed top all ethod (Flow, p	owable for in	s aepin or be joi eic.)	7 Juli 24 Nov	73.7	
Date First New Oil Run To Tank	Producing Method (Flow, pump, gas lift, etc.)										
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
									Gas- MCF		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls	Water - Bbls.			Jan- 17101		
	<u></u>	<del></del>			1			<u>, L</u>			
GAS WELL	11 2-25-2	7		· · ·	TRNA CASA	sate/MMCF		Gravity of Co	ndensate		
Actual Prod. Test - MCF/D	Length of Test				Dois. Conde	Bbls. Condensate/MMCF					
Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)					Casing Press	Casing Pressure (Shut-in)			Choke Size		
		<u> </u>									
VI. OPERATOR CERTIFIC	ATE OF	COM	PLIA	NCE	11 /		JOERV	ΔΤΙΩΝ Γ	NIVISIO	NC	
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.					Date	Date Approved NOV 2 9 1993					
is the sixt complete to the sea of my anomong and sense.						4 Wholone	7U PHU-H	<del>∪ ∪ 1333</del>			
Seith Spool					Ry	By ORIGINAL SIGNED BY JERRY SEXTON					
Signature Scott Graef Production Engineer					- (	DISTRICT I SUPERVISOR					
Printed Name / / - C Title					Title					<del></del>	
11/16/93	(21	.Q) 30E									
Date		Tel	ephone	NO.	11						

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.