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

## State of New Mexico Energy, Minerals and Natural Resources Department

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

l.	<u>l</u>	OTHA	NSF	ORT OIL	<u>. AND NA</u>	TURAL GA					
Operator	_				:		·	. <b>pi no.</b> 30 <b>–</b> 025–0	13296		
Pyramid Energy, Address	Inc.			· · · · · · · · · · · · · · · · · · ·				30-023-0	75270		
14100 San Pedro	, Suite	700		San Ant	onio, Te	xas 782	32				
Reason(s) for Filing (Check proper box)			_			er (Please expla	•	from Cir	0	estina	
New Well		Change in	Dry C	_		ge in op to Pyra					
Recompletion	Oil Casinghead	LGas □		ensate		1, 1990		igy, inc	· errec	LIVE	
If change of operator give name	go Oper				O. Box			Texas	70702		
and address of previous operator <u>SIT</u> II. DESCRIPTION OF WELL A			TÜ	<u>.c. r</u>	O DOX	<u> </u>	endrand	, Lexas	191112		
Lease Name  East Pearl Queen Unit  Well No. Pool Name, Includi								of Lease Lease No. Federal or Fee E-5838			
Location	10	43	<u> </u>	rearr (	Queen)				11-70	,50	
Unit LetterG	.:1	980	Feet 1	From The	North Lin	2 and	O Fe	et From The _	East	Line	
Section 34 Township 19S Range 35E , NMPM, Lea County											
III. DESIGNATION OF TRANS				ND NATU	RAL GAS		PROD		****		
Name of Authorized Transporter of Oil  Shell Pipeline Corp.  Or Condensate  Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910 Midland, Texas 79702											
Name of Authorized Transporter of Casinghead Gas varren Petroleum  Phillips 66 Natural Gas Co					Address (Giv	e address to wh Box 1589	ich approved. Tu Ode	copy of this form is to be sent) Sa. OK. 74102 SSA. TX 79762			
If well produces oil or liquids, give location of tanks.	Unit	Sec. 27	Twp.	Rge.	Is gas actuall	When	en ?				
If this production is commingled with that f	rom any other		19 19		Yes ing order num	ber:	rei	oruary 4	1939		
IV. COMPLETION DATA											
Designate Type of Completion	· (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
ate 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								Depth Casing Shoe			
	· · · · ·		<u> </u>		CTC) CENTER	VG PEGOR		<u> </u>	<del> </del>		
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE									SACKS CEM	IENT	
HOLE SIZE CASING & TUBING SIZE						DEFIN SET		SACKS SEIVEN			
		<del> </del>									
V. TEST DATA AND REQUES	T FOD A	HOW	ARII	7	1						
OIL WELL (Test must be after re					be equal to or	exceed top allo	wable for this	depih or be f	or full 24 how	urs.)	
Date First New Oil Run To Tank	Date of Tes		-,			ethod (Flow, pu					
Length of Test	Tubing Process				Casing Pressure			Choke Size			
Length of Test	Tubing Pressure				Casing Flessure						
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL		·············	<del></del>								
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensale			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI OPERATOR CERTIFIC	ATE OF	COM	T T A	NCF	<u> </u>			<u></u>			
VI. OPERATOR CERTIFICATE OF COMPLIANCE  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					Date Approved JUN 2 9 1830						
is true and complete to the best of my knowledge and belief.					Date Approved JUN 2 8 1550						
Let Suf						Dv.					
Signature Scott Graet Production Engineer					By ORIGINAL SIGNED BY JERRY SEXTON						
Printed Name Title (512) 490-5000					Title						
Date	,012		phone								
		1 616	Privite	.~.	<u> </u>	<u> </u>					

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.