Submit 3 Copies to Appropriate District Office

OIL CONSERVATION DIVISION (WELL ADDING)

• .	Revised 1-1

P.O. Box 1980, Hobbs, NM	Box 1980, Hobbs, NM 88240 P.O. Box 2088		30-025-03301	
Santa Fe, New Mexico 87504-2088		S. Indiana Type of Lease		
P.O. Drawer DD, Artesia, N	IM 88210		STATE FEE	
DISTRICT III 1000 Rio Brazos Rd., Aziec	c, NM 87410		6. State Oil & Gas Lease No.	
	NDRY NOTICES AND REPORTS ON WI	FLLS		
AND NOT USE THIS FO	ORM FOR PROPOSALS TO DRILL OR TO DEEPE ERENT RESERVOIR. USE "APPLICATION FOR P (FORM C-101) FOR SUCH PROPOSALS.)	N OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name	
1. Type of Well: OIL WELL	GAS WELL OTHER Inject	tion	East Pearl Queen Unit	
2 Name of Operator Pyramid Ener	rgy, Inc.		8. Well No. 43	
3. Address of Operator 10101 Reunic	on Place, Ste. 210 San Antoni	lo, TX 78216	9. Pool name or Wildcat Pearl Queen	
4. Well Location Unit Letter	E: 1980 Feet From The North	Line and66	O Feet From The West Line	
s	4 Township 198	Range 35E	NMPM Lea County	
Section 3	10 Elevation (Show wheth	her DF, RKB, RT, GR, etc.)		
(/////////////////////////////////////	Check Appropriate Box to Indicate	e Nature of Notice, R	eport, or Other Data	
	CE OF INTENTION TO:	SUE	SEQUENT REPORT OF:	
PERFORM REMEDIAL V		REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDO	ON CHANGE PLANS	COMMENCE DRILLING	G OPNS. U PLUG AND ABANDONMENT U	
PULL OR ALTER CASIN	ıg 🗌	CASING TEST AND C	the state of the s	
OTHER:		OTHER: Convert	to injection x	
12. Describe Proposed or work) SEE RULE 11	Completed Operations (Clearly state all pertinent detail	s, and give pertinent dates, incl	using estimated date of starting any proposed	
07/09/91	Test casing to 500 psi. Dri	lled cement and (CIBP at 4645'. Clean out	
to	wellbore to 5017'. Ran Bake	r Model AD-1 tens	sion on 2 3/8" internally	
07/13/91	plastic coated tubing. Circulate annulus with packer fluid and set packer at 4631'. Injection interval 4769'-4958'. Pressured annulus			
	packer at 4631'. Injection to 500 psi and ran state tes		358'. Pressured annulus	
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I hereby certify that the inf	formation above is true and complete to the best of my knowledge		05 (00 (0)	
SIGNATURE	Text Grant	_ mueOperation	s Manager 05/09/94	
-	Scott Graef		TELEPHONE NO.	
(This space for State Use)			JERRY SEXTON	
			TISGRERVISOR	
ATTROVED BY		_ mre		
AVORPRIA PO 2 HOUTH CALO	UL, IF ANY:			



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