Submit 5 Copies
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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

k a .			11401	OI II OIL	WILL HU	OI I/ LE CI/	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>					
Operator T								Well API No. 30-025-033/5				
Pyramid Energy, Inc. Address												
14100 San Pe	dro, Su	ite 70	00	Sa	an Anton	io. Texa	s	78232)			
Reason(s) for Filing (Check proper box)			_		_	r (Please explana			from V	omia Oil	S C25	
New Well		Change in	-			inge in o	_				ffective	
Recompletion Change in Operator	Oil Casinghead	Gas 🗀	Dry C	ensate		ch 1, 19			Energy	, Inc. e	TIECCIVE	
f change of operator give name	Oil &				.O. Box				d, Texa	s 79710		
and address of previous operator XETIC DESCRIPTION OF WELL A												
Lease Name South Pearl Queen Unit Well No. Pool Name, Include 6 Pearl (Control of Pearl Control of Pearl Co								Kind of Lease No. State, Federal of Fee			ase No.	
Location	71							L				
Unit LetterE	: 660		Feet !	From The We	estLin	and200	1_7	Fe	et From The	North	Line	
Section ³ Township 20S Range 35E , NMPM, Lea Co										County		
M. DESIGNATION OF TRANS				ND NATU	RAL GAS	Inje	ct	ion	well	<u></u>		
Name of Authorized Transporter of Oil	L x l	or Conder	isale		1	e address b w	-				nu)	
Shell Pipeline Company Name of Authorized Transporter of Casing Warren Petroleum	P.O. Box 1910 Midland, T Address (Give address to which approved copy P.O. Box 1589 Tulsa, OK						nt)					
If well produces oil or liquids,	\longrightarrow			Rge.	Is gas actually connected?			When				
give location of tanks.	D	3	20		<u> </u>			<u> </u>	6-	12-66		
If this production is commingled with that five COMPLETION DATA	rom any othe	er lease or	pool, p	give commingl	ing order num	ber:				·		
Designate Type of Completion -	· (X)	Oil Well		Gas Well	New Well	Workover	D	eepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		Date Compl. Ready to Proc			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			
Perforations									Depair Casin	., 0.100		
	CEMENTING RECORD											
HOLE SIZE	CAS	ING & T	UBING	SIZE	DEPTH SET			· ·	SACKS CEMENT			
		,, ,	* .		 							
									<u> </u>			
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR A	LLOW	ABL	E d oil and must	he equal to o	exceed for all	lowabl	e for thi	s depth or be	for full 24 hou	ers.)	
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Tes		oj iou	a ou ena musi	Producing M	ethod (Flow, p	ump, g	gas lift, e	tc.)	, ,		
									Choke Size			
Length of Test	Tubing Pressure				Casing Pressure				CHOKE DIZE			
Actual Prod. During Test	al Prod. During Test Oil - Bbls.					Water - Bbis.				Gas- MCF		
GAS WELL	1				<u> </u>							
Actual Prod. Test - MCF/D	CF/D Length of Test					Bbis. Condensate/MMCF				Gravity of Condensate		
Testing Method (pitos, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)				Choke Size			
	<u> </u>							··	<u> </u>			
VI. OPERATOR CERTIFIC						OIL CO	NS	ERV	ATION	DIVISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						MAR 1						
is true and complete to the best of my l	knowledge a	nd belief.	2		Date	e Approve	ed .		WEETER -			
1.44 / 1							'n	rig. S	ا ا			
Signature				·	By_	· · · · · · · · · · · · · · · · · · ·		Paul	Kan			
Scott Graef /	Produ	ction		gineer		+ .	85	FIE	logist		•	
Printed Name	(512)	490-	Title 5000		Title)						
Date	· · · · · · · · · · · · · · · · · · ·		lephon]].							

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.