Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 8741	0 DECLIECT E	OPALLOW	ADI E AND AUTUOF				
I.			ABLE AND AUTHOR OIL AND NATURAL (		i		
Operator	METHOD HATTOTIAL C	Well API No.					
Pyramid Energy,	·	30-025-03326					
10101 Reunion Pl	ace, Ște. 210	San Antor	nio. Texas 78216				
Reason(s) for Filing (Check proper box)	) *	Transporter of:	Other (Please exp		· · · · · · · · · · · · · · · · · · ·	<del></del>	
New Well Recompletion							
Change in Operator	Oil  Casinghead Gas	Dry Gas  Condensate					
If change of operator give name and address of previous operator							
II. DESCRIPTION OF WELI					···		
South Pearl Queen	Unit   Well No. 14	Pool Name, Inclu Pearl (			of Dame , Federal or Fee		ease No. 060881A
Location Unit Letter M	660	Feet From The	South Line and 99	0.		West	•
Section <sup>4</sup> Townsh	nip 20S	Range 351			eet From The _		Line
III. DESIGNATION OF TRAI	VSPORTER OF OI	T AND NATE			·		County
Name of Authorized Transporter of Oil	or Conden	rate	Address (Give address to w	hich approve	d copy of this for	rm is to be se	nt)
EOTT Oil Pipeline Con Name of Authorized Transporter of Casin		Energy Pipe	P. P. Box 4666	Housto	n, Texas	77210	-4666
	ignead Gas	HECKIFE ATT	Address (Give address to w	hich approved	l copy of this for	m is to be se	nt)
If well produces oil or liquids, jive location of tanks.	Unit Sec.	Twp.   Rge. 20S   35E	Is gas actually connected?	When			
f this production is commingled with that V. COMPLETION DATA		ool, give comming	Yes	l	6-12-	-66	
Designate Type of Completion	- (X) Oil Well	Gas Well	New Well Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to 1	Prod.	Total Depth	<del>*</del>	P.B.T.D.		<u> </u>
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation		mation	Top Oil/Gas Pay		Tubing Depth		
Perforations			Depth Casing Shoe				
	TUBING, (	ASING AND	CEMENTING RECOR	D	<u> </u>	-	
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
		· · · · · · · · · · · · · · · · · · ·				<del></del>	
. TEST DATA AND REQUES	T FOR ALLOWAL	)					
	be equal to or exceed top allowable for this depth or be for full 24 hours.)						
ate First New Oil Run To Tank Date of Test			Producing Method (Flow, pump, gas lift, etc.)				
ength of Test	Tubing Pressure		Casing Pressure	<del></del>	Choke Size		
ctual Prod. During Test	Oil - Bbis.		Water - Bbis.		Gas- MCF		
GAS WELL							
ctual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF	· · · · · · · · · · · · · · · · · · ·	Gravity of Cond	iensate	<del></del> 1
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size		
I. OPERATOR CERTIFICATE OF COMPLIANCE			OIL COM	SED\/A	TION D	VICION	1
I hereby certify that the rules and regular Division have been complied with and the	OIL CONSERVATION DIVISION						
is true and complete to the best of my kn	Date Approved 0 0 4000						
South Grad	Date Approved NOV 2 9 1993						
Signature Croof Production Production			By ORIGINAL SIGNED BY JERRY SEXTON				
Scott Graef Production Engineer Printed Name   Title			DISTRICT I SUPERVISOR				
11/16/93-	(210) 30 8 Telepho	-8000 ne No.	Title			- ×	

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.