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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

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

## OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fa Navy Marriag 97504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 8741	0					1exico 875							
I.	REC						AUTHOR TURAL G		N				
Operator Pyramid Energy,			II API No. 30-02	API No. 30-025-03341									
10101 Reunion Pi	lace, Si	te. 210	) c.				s 78216	-					
Reason(s) for Filing (Check proper box	)	200	<u> </u>	an A	nton	lo, Texa	s 1.0210 her (Please exp	lain)					
New Well		Change i			of:	. —	,	·					
Recompletion	Oil	_	מם 🖺										
Change in Operator  If change of operator give name	Canngh	ead Gas	_ Cor	densate	<u>:    </u>						<del></del> -	<del> </del>	
and address of previous operator  II. DESCRIPTION OF WEL	L AND LI	EASE					<del></del>				<u>,, • ,, , , , , , , , , , , , , , , , ,</u>	<del></del>	
Lease Name Well No. Pool Name, Inclu							<del></del>	of Lease No.					
South Pearl Queen Unit   22   Pearl (						(ueen)		e recent or r	Federal or Fee LC065649				
Unit Letter A	:	330	_ Fee	From	The	North Lin	e and _660		Feet From The	E	ast	Line	
Section 9 Township 20S Range 35						, N	ea	a County					
III. DESIGNATION OF TRA	NSPORT	RR OF C	TT. A	ND N	JATTI	DAT CAS							
III. DESIGNATION OF TRANSPORTER OF OIL AND NATI Name of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent)							
EOTT Oil Pipeline Company						P.O. Box 4666 Houston, Texas 77210-4666							
lame of Authorized Transporter of Casinghead Gas			or D	ny Gas		Address (Giv	ed copy of this	copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.				Rge. 35E	Is gas actually Yes	*	n?	6-12-66					
If this production is commingled with the	t from any ot	her lease or				ing order numi	beг:	············		2 <b>-</b> hh			
IV. COMPLETION DATA		100000				Y		· · · · · · · · · · · · · · · · · · ·		,			
Designate Type of Completion		Oil Well	i	Gas V	Well	New Well	Workover	Deepen	Plug Back	Same R	es'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.					Total Depth		P.B.T.D.	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation						Top Oil/Gas I	Tubing Dep	Tubing Depth					
Perforations	_ <del></del>					•			Depth Casin	g Shoe		<del></del>	
	<del></del>	TIDDIC	~		4377	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~							
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE							T	SACKS OFMENT					
			,,,,,,	OILL		DEPTH SET			<del>                                     </del>	SACKS CEMENT			
									<del>- </del>				
. TEST DATA AND REQUE	ST FOR A	LLOWA	ABLI	E		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	·-··					
OIL WELL (Test must be after			of load	d oil an						or full 24	hows	.)	
Date First New Oil Run To Tank	Date of Test					Producing Method (Flow, pump, gas lift, etc.)							
Length of Test	Tubing Pressure					Casing Pressur	re	Choke Size	Choke Size				
Actual Prod. During Test	Oil - Bbls.					Water - Bbls.			Gas- MCF				
GAS WELL	<u> </u>			<del></del>	<u> </u>	•	<del></del>	<u>.</u>				<u></u>	
Actual Prod. Test - MCF/D	Length of Test					Bbls. Condens	ate/MMCF	Gravity of C	Gravity of Condensate				
esting Method (pitot, back pr.)	Tubing Pressure (Shut in)				Carlos Processor (Charles)			Choke Size					
esting referred (puor, back pr.)	Tuoing Tie	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFIC	ATE OF	COMP	LIA	NCE									
I hereby certify that the rules and regul Division have been complied with and	that the infor	mation give	ation n abov	/e					ATION [	DIVIS		N	
is true and complete to the best of my knowledge and belief.						Date ApprovedN <u>DV 2 9 1993</u>							
Signature Signature						By ORIGINAL SIGNED BY JERRY SEXTON							
Printed Name    1   1   93   (21) 30   1000						Title							
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INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

- 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.