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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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Ι.	<u> </u>	O IRA	NSPO	HIOIL	AND NA	UHAL GA		Dt No			
Operator Pyramid Energy, Inc.								Well API No. 30 -025-03344			
Address 14100 San Pe	dro Su	1te 70	00	Sa	an Anton	io. Texa:	s 78231	2			
Reason(s) for Filing (Check proper box)	uro, bu	100 /	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		Othe	t (Please expla	in)	<u></u>			
New Well	(Change in	Transport	ter of:		nge in o		from X	eric Oil	& Gas	
	Oil		Dry Gas				-			ffective	
Recompletion Change in Operator			Condens			ch 1, 19	-	2	,		
If change of operator give name	Casinghead Oil &				.O. Box		Midlan	d, Texa	s 79710		
and address of previous operator						<u> </u>					
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Pool Name Pool N						ng Formation			Le	Lease No.	
South Pearl Queen Unit 25 Pearl (Queen Unit 25 Pear					-	Kind State	State, Federal or Fee		LC065649		
Location	, 330	1			North Line	660) .	et From The .	West	Line	
Unit LetterD	· ·		Feet Pro					et Flom The .			
Section 9 Township	, 209	3	Range	35E	, N	<u>ирм,</u>	Lea	· · · · · · · · · · · · · · · · · · ·	2 Û	County	
III. DESIGNATION OF TRAN	SPORTER	OF O	L ANI	NATUI	RAL GAS	e address to wh	ectio	copy of this f	orm is to be se	nt)	
Name of Authorized Transporter of Oil	L_xl	or Conden	oace [,	
Shell Pipeline Company Name of Authorized Transporter of Casing	P.O. Box 1910 Midland, Texas 79702 Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589 Tulsa, OK 74102										
Warren Petroleum					Is gas actually connected? When?						
If well produces oil or liquids, give location of tanks.	D	3	20S	35E	yes	3			12-66		
If this production is commingled with that f	rom any other	r lease or	pool, give	comming!	ing order numi	жг					
IV. COMPLETION DATA		Oil Well	· G	as Well	New Weil	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	1			1	i	i ·	i	İ		
Date 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			
r errorations	· · · · · · · · · · · · · · · · · · ·							<u> Li</u>			
	CEMENTI	NG RECOR	D								
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
									. <u></u>		
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE		· · ·		- L1 - C Al-		60= 6.11.24 hav		
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Tes		of load o	il and must	be equal to or Producing M	exceed top all ethod (Flow, pr	ump, gas lift,	etc.)	Jor Juli 24 noi	<i>US.</i> /	
Date That New Oil New To Tame								Choke Size			
Length of Test	Tubing Pressure				Casing Pressure						
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	<u></u>	· · · · · · · · · · · · · · · · · · ·			<u> </u>						
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COM	PLIAN	ICE .	1	OIL COI	UCED!	ATION	DIVISI		
I hereby certify that the rules and regul Division have been complied with and	lations of the	Oil Conse	rvation		1		NOEUA		1 199		
is true and complete to the best of my	knowledge at	nd belief.			Date	e Approve	ed	**************************************	- 100	<u> </u>	
Lutt Hal					D		Ori	g. Signed aul Kauf	b y ,		
Signature Scott Graef	Produ	ction	Enoi	neer	By_	· · · · · · · · · · · · · · · · · · ·		Geologist			
Printed Name	(512)		Title		Title	=		. <u> </u>	<u> </u>		
Date	(314)		lephone I	¥0.				·			

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.