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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	T(O TRANS	PORT OIL	AND NAT	URAL GA	\S W-11 - 1	DI No				
Operator Pyramid Energy, Inc.						Well API No. 30-025-03345					
Address			~		fa	s 78232	,				
14100 San Pe Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator		hange in Tran		Othe Cha Coπ		operator Pyramid	from Xe	eric Oil , Inc. e	& Gas ffective		
	0i1 &	Gas Comp	pany P	.O. Box	51311	Midlan	d, Texas	3 79710	·		
and address of previous operator											
I. DESCRIPTION OF WELL A Lease Name South Pearl Queen Uni	Well No. Pool Name, Include							Kind of tease No. State, Federal of Fee LC065649			
Location Unit LetterC	:330	Fee	et From The N	orth Line	and 1	980 Fee	et From The _	West	Line		
Section 10 Township	, 20S	Rai	nge 35E	, NI	ирм,	Lea			County		
III. DESIGNATION OF TRAN	SPORTER	OF OIL	AND NATU	RAL GAS		bish same and	cany of this f	orm is 10 be se	nt)		
Name of Authorized Transporter of Oil	(<u></u>	or Condensate		Address (Giv	e address to w ox 1910	<i>hich approved</i> Midland			·-/		
Shell Pipeline Company Name of Authorized Transporter of Casinghead Gas					Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589 Tulsa, OK 74102						
If well produces oil or liquids, give location of tanks.	Unit :	Sec. Tw	/p. Rge. OS 35E		gas actually connected? Whe yes		6-12-66				
If this production is commingled with that	from any othe	r lease or pool	l, give commingl	ing order num	ber:						
IV. COMPLETION DATA	- (Y)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion Date Spudded					Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Form	ation	Top Oil/Gas Pay			Tubing Depth				
Perforations							Depth Casing Shoe				
		LIBING C	A SING AND	CEMENTI	NG RECO	RD	1				
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
				<u> </u>			-				
	-										
V. TEST DATA AND REQUE	ST FOR A	LLOWAB	LE	the equal to a	r exceed top a	llowable for th	is depth or be	for full 24 hou	urs.)		
OIL WELL (Test must be after to Date First New Oil Run To Tank	Date of Tes	iai voiume of i	oua ou ana mus	Producing N	lethod (Flow,)	ownp, gas lift,	esc.)	 			
	Tuhing Pressure			Casing Pressure			Choke Size				
Length of Test	Tubing Pressure						Gas- MCF				
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			OD- MAO				
GAS WELL				160-6			Gravity of	Condensate			
Actual Prod. Test - MCF/D	Length of	Test		Bbls. Condensate/MMCF							
Testing Method (pitot, back pr.)	Tubing Pre	essure (Shut-in)	Casing Pressure (Shut-in)			Choke Siz	е			
VI. OPERATOR CERTIFIC I hereby certify that the rules and regularistic have been complied with and is true and complete to the best of my	ilations of the i that the info	Oil Conserva	tion	Dat	OIL CO			1 1 199			
Signature Signature				Ву	Orig. Signed up						
Scott Graef Printed Name		1 490-50 (Titl	e	₽¢ M *					
Date		Telepl	hone No.	- H							

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.