Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office			
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO. 30-025-22870
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	87504-2088	5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. E-5841
CLINIDDY NO.	TICES AND DEPORTS ON WEL	15	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name West Pearl Queen Unit
I. Type of Well: OIL GAS			west reall queen onic
MEIT X MEIT	OTHER		8. Well No.
Name of Operator Pyramid Energy, Inc			163
3 Address of Operator		70016	9. Pool name or Wildcat
10101 Reunion Place	e, Suite 210 San Antoni	o, TX 78216	Pearl Queen
4 Well Location			15 Feet From The West Line
Unit LetterD:	5 Feet From The North	Line and	rea rion lie
Section 33	Township 19S Ra	ange 35E	NMPM Lea County
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)	
11. Check	k Appropriate Box to Indicate	Nature of Notice, I	Report, or Other Data
	NTENTION TO:	SUI	BSEQUENT REPORT OF:
			ALTERING CASING
PERFORM REMEDIAL WORK	PLUG AND ABANDON []	REMEDIAL WORK	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	NG OPNS. PLUG AND ABANDONMENT L
PULL OR ALTER CASING		CASING TEST AND	DEMENT JOB
		OTHER.Re-enter	P&A Wellbore
OTHER:		1	
12. Describe Proposed or Completed Opwork) SEE RULE 1103.	verations (Clearly state all pertinent details, a	and give pertinent dates, inc	luding estimated date of starting any proposed
to Drilled 12/23/91 perfora 4951-4	d and cleaned out junk t	o 5019° Ran (Tested casing to 500 psi. Gamma/Ray Nuetron Log and 82-4896, 4918-4923, 4931-4936, ing, rods and pump. Put well
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I hereby certify that the information above is true and complete to the best signature	of my knowledge and belief. THLE Operations Manager	DATE 05/06/94
TYPE OR PRINT NAME Scott Graef		TELEPHONE NO.
(This space for State Use)	Orig. Signed by Paul Kautz Geologist	MAY 1 2 1994

TITLE -

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY