to Appropriate
District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL A[illegible]D.
30-025-23084

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
E-1587

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

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator
Pyramid Energy, Inc.

8. Well No. 165

3. Address of Operator
10101 Reunion Place San Antonio, TX 78216

9. Pool name or Wildcat
Pearl Queen

4. Well Location
Unit Letter K : 1420 Feet From The South Line and 1325 Feet From The West Line

Section 29 Township 19S Range 35E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3751' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: [ ]		OTHER: 5 yr. Mechanical Integrity Test on T.A. Wellbore [X]	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

5/7/94 Ran Mechanical Integrity on temporarily abandoned wellbore as per NMOCD Rules and Regulations. Pressured casing to 300 psi, casing held. Pressure chart is attached.

This Approval of Temporary Abandonment Expires 5-1-95

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Scott Graef TITLE Operations Manager DATE 05/10/94

TYPE OR PRINT NAME Scott Graef TELEPHONE NO. (210) 308-8000

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE MAY 23 1994

CONDITIONS OF APPROVAL, IF ANY: