## Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

## 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 CC. SERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO. 30-025-23314  5. Indicate Type of Lease STATE X FEE	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210				
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lea E-1638	
( DO NOT USE THIS FORM FOR PR DIFFERENT RESE	ICES AND REPORTS ON WELF OPOSALS TO DRILL OR TO DEEPEN OR RVOIR. USE "APPLICATION FOR PER C-101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit West Pearl Qu	
1. Type of Well:  OIL GAS WELL X WELL	OTTEER		mese rearr go	icen onic
2. Name of Operator			8. Well No.	
Pyramid Energy, Inc.			168	
3. Address of Operator			9. Pool name or Wildo	rat .
10101 Reunion Place	Ste. 210 San Antonio,	TX 78216	l Pearl Queen	
21	50 Feet From The North		_	
Section 31	Township 19S Rai	nge 35E	NMPM Lea	County
	3728'GL	or, rud, ar, on, easy		
Chark	Appropriate Box to Indicate N	Vature of Notice I	Percet or Other D	ata
		•	BSEQUENT REF	
NOTICE OF IN	TENTION TO.	501	BSEQUENT NET	-Ont Or:
ERFORM REMEDIAL WORK	PLUG AND ABANDON .	REMEDIAL WORK	AL	TERING CASING
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	NG OPNS. 📙 PL	ug and abandonment 🔲
PULL OR ALTER CASING CASING TEST AND C			CEMENT JOB	
OTHER: <u>Locate casing leak</u> P&A wellbore	and either TA or X	OTHER:		
<ol> <li>Describe Proposed or Completed Ope work) SEE RULE 1103.</li> </ol>	rations (Clearly state all pertinent details, ar	nd give pertinent dates, inc	luding estimated date of sta	arting any proposed
<ol> <li>Circulate hole f on 05/19/94. To</li> <li>Contact NMOCD Di that will not al accordance to NM</li> </ol>	ak with tubing and pack rom top of cement plug p of plug was tagged wi strict Office and obtai low wellbore to be TA, OCD rules and regulatio ly on the well and oper	at 4415' (45 s th tubing at 4 n instructions then it shall : ns.	415') with mud to TA well. I be plugged and	laden fluid. If conditions exist
I hereby certify that the information above is	rue and complete to the best of my knowledge and	I bdid.		
SIGNATURE SIGNATURE	π	ms Operations	Manager	_ DATE 05/20/94
TYPEOR PRINT NAME SCOTT G	•	·		телетноче но. (210) 308-80
(This space for State Use)		on property, and the self-	NOTXSS Negation	- Advisor of a registra
APTROVED BY	Tī	TLE		DATE

NAY XX 944