

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

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.)		WELL API NO. 30-025-30867
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Pyramid Energy, Inc.		6. State Oil & Gas Lease No. E-8184
3. Address of Operator 14100 San Pedro, Ste. 700 San Antonio, Texas 78232		7. Lease Name or Unit Agreement Name West Pearl Queen Unit
4. Well Location Unit Letter J : 1330 Feet From The South Line and 1330 Feet From The East Line Section 28 Township 19S Range 35E NMPM Lea County		8. Well No. #192
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3710' GR		9. Pool name or Wildcat Pearl Queen

11.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Change operator & extension of permit to drill ☒

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.

Permit to drill the captioned well was approved on April 30, 1990 with Sirgo Operating, Inc. as operator. It is requested that the operator be changed from Sirgo Operating, Inc. to Pyramid Energy, Inc. and that the permit be extended to allow for an anticipated spud date of 12/22/90.

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

SIGNATURE Scott Graef TITLE Engineer DATE 12/3/90
TYPE OR PRINT NAME Scott Graef TELEPHONE NO. _____

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: