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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Pyramid Energy, Inc.		Well API No. 31019 30-Q25-3109
Address 14100 San Pedro, Suite 700 San Antonio, Texas 78232		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator _____		

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Pearl Queen Unit	Well No. 89	Pool Name, Including Formation Pearl (Queen)	Kind of Lease State, Federal or Fee	Lease No. E-5840
Location Unit Letter D : 1310 Feet From The North Line and 1310 Feet From The West Line Section 34 Township 19S Range 35E , NMPM , Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910 Midland, Texas 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Phillips 66 Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589 Tulsa, OK 74102 4001 Penbrook Odessa, Tx 79762					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 32	Twp. 19S	Rge. 35E	Is gas actually connected? Yes	When ?

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 11/10/90	Date Compl. Ready to Prod. 12/10/90		Total Depth 5085'		P.B.T.D. 5028'			
Elevations (DF, RKB, RT, GR, etc.) 3697 GR	Name of Producing Formation Queen		Top Oil/Gas Pay 4678'		Tubing Depth 4684'			
Perforations 4678-4686, 4732-4736, 4764-4769, 4886-4890, 4947-4950, 4957-4966, 4975-4978, 4989-4991					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		410'		250 sx.			
7 7/8"	5 1/2"		5067'		1250 sx. circ. 90 sx.			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank 12/15/90	Date of Test 12/28/90	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs.	Tubing Pressure Pumping	Casing Pressure 50 psi	Choke Size
Actual Prod. During Test 39	Oil - Bbls. 39	Water - Bbls. 270	Gas - MCF TSTM

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature **Scott Graef** Production Engineer
Printed Name **Scott Graef** Title
Date **01/15/91** Telephone No. **(512) 490-5000**

OIL CONSERVATION DIVISION

Date Approved **JAN 16 1991**

By **Paul Rautz**

Title **Engineer**

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.