Hobbs, NM 88240

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

State of New Mexico argy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III		S	anta Fe	, New I	Mexico 87	504-2088						
1000 Rio Brazos Rd., Aztec, NM 87410	REQ	UESTE	OR AL	I OWA	ARI E AND	AUTHOR	IZATION					
<u>r</u>												
Operator	THE STATE OF THE S								I API No.			
Pyramid Energy, Inc.								30-025-31021				
10101 Reunion Pl	ace. St	a. 210	C	A		70'	216					
Reason(s) for Filing (Check proper box)	<u> </u>	2. 210	San	Anton		her (Please exp			 -			
New Well		Change in	п Тпаверо	rter of:		-i (1. 10 e.A.	,	•.				
Recompletion	Oil Dry Gus											
Change is Operator	Casinghe	id Gas	Conden									
If change of operator give name and address of previous operator		· · ·		•						···		
II. DESCRIPTION OF WELL	AND LE	ASE							•	•		
West Pearl Que	en unt 195 Pool Name, Inch						d of Lease No.					
Location	sii wiu	133	Pe	arl (Queen)	······································	State	Pederal or Fe	E-15	87		
Unit Letter O	.]	L340		F	ast		.00' _		gout h			
One Least	_		_ Feet Pro	m The _	Li	ne and	F	ect From The	South	Line		
Section 29 Townsh	ip 199	3	Range	35E	. N	IMPM,	Lea			County		
III DESIGNATION OF TO AN	ionones.	- -										
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		K OK O	LANI	AV DID	RAL GAS	114 addraga (a.v.	liah annun					
EOTT Oil Pipeline Co	mpany		Effecti	97] · ip: Ve 4-1.	4 P.O. Bo	we address to w	HOUSTO	n, Texas	orm is to be s	eni)		
Name of Authorized Transporter of Casin	sheed Con	, X),	or Dry C	es 🔲	Address (Gi	ve address to wi	hick approved	copy of this f	orm is to be s	(=4000 ent)		
Warren Petroleum If well produces oil or liquids,	Unit	Sec Soc		p	P.O. B	ox 1589	Tulsa,	OK 741	02	·		
give location of tanks.	B	32	Twp. 195	' Kge. 35E	Is gas actual Yes	ly connected?	When	•	_	•		
If this production is commingled with that	from any oth	er lease or p				ber:	Mc	rch 195	9			
IV. COMPLETION DATA												
Designate Type of Completion	- (X)	Oil Well	G	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Comp	l. Ready to	Prod.		Total Depth	L	<u> </u>	P.B.T.D.		<u></u>		
								a care & care				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth				
Perforations												
				Depth Casing	Spoe							
	3 AND	CEMENTI	NG RECORI	5								
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
			·									
								· · · · · · · · · · · · · · · · · · ·				
V. TEST DATA AND REQUES OIL WELL (Test must be after re								<u> </u>				
	Date of Test	il volume of	f load oil	and must	be equal to or	exceed top allow thou (Flow, pure	vable for this	depth or be fo	r full 24 hour.	s.)		
					Liconcing we	uou (<i>riow, pu</i> n	ф, заз сут, ес	5. y				
Length of Test	Tubing Pressure			:	Casing Pressure			Choke Size				
Actual Prod. During Test												
Actual Prod. During Test Oil - Bbls.						Water - Bbls.			Gas- MCF			
GAS WELL				<u>_</u>								
Actual Prod. Test - MCF/D	Length of Te	et .		· · · · · · ·	Bbls. Condens	3)A/A/A/A		Consider of Co				
·					Bus. Condensate/MIVICT			Gravity of Condensate				
seting Method (pitot, back pr.)	Tubing Press	bing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
T ODED A TOD COM								.	·			
I. OPERATOR CERTIFICATE OF COMPLIANCE						II CONS	SED\/A	TIONE	WICIO			
I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above					OIL CONSERVATION DIVISION							
is true and complete to the best of my knowledge and belief.					NOV 2 3 1993							
Sott Gas						Date:Approved						
Signature XION Lfair					Orig. Signed by By							
Scott Graef roduction Engineer					Dist 1, Sups							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

308-8000 Telephone No.

- 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.