Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	ì	Sam	a fe, new iv	exico 8/3	04-2088					
I.	REQL		ALLOWA				N			
Operator .		TO THAN	ISPORT OI	<u>L AND NA</u>	TURAL G					
Pyramid Energy,	Well			API No.	30-025-31021					
Address		·		30-025-	.31021					
10101 Reunion Pl	ace, Ste	. 210	San Anton							
Reason(s) for Filing (Check proper box) New Well		Change in Tr	anenades of	Où	ner (Please expl	lain)	•			
Recompletion	Oil		ry Gas							
Change in Operator	Casinghea	_	ondensate							
If change of operator give name and address of previous operator								·		
II. DESCRIPTION OF WELL	AND LEA								· · · · · · · · · · · · · · · · · · ·	
Lease Name West Pearl Que	t Pearl Queen unit Well No. Pool Name, Included 195 Pearl (0				• • • • • • • • • • • • • • • • • • • •			For Lease No. $E-1587$		
Location	·			(4441)			/	12 13		
Unit Letter O	_:1	.340 Fe	set From The $\underline{\mathbb{E}}$	ast Lin	e and1	00	Feet From The	South	Line	
Section 29 Township 19S Range 35E NMPM						Lea	1		County	
III. DESIGNATION OF TRAI	NSPORTE	R OF OIL	AND NATE	DAI CAS			-			
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)									
EOTT Oil Pipeline C	P.O. Box 4666 Houston, Texas 77210-4666									
Name of Authorized Transporter of Casis	Dry Gas	Address (Give address to which approved copy of this form is to be sent)					ent)			
Warren Petroleum Jan (Exp. Rgs. Twp. Rgs. Rgs. Twp. Twp. Rgs. Twp. Twp.								OK 74102		
give location of tanks.	B	1			Is gas actually connected? When Yes Ma			17 arch 1959		
If this production is commingled with that	from any other	r lease or poo	l, give comming	ing order numl	ber:		accii 195	<u>, </u>		
IV. COMPLETION DATA) 	γ····································			· · · · · · · · · · · · · · · · · · ·				
Designate Type of Completion		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl	. Ready to Pro	xd.	Total Depth		·	P.B.T.D.		<u></u>	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas I	Pay		Tubing Dept	Tubing Depth		
Perforations										
							Depth Casing	Shoe		
	SING AND	CEMENTIN	NG RECOR	D						
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
	 									
. TEST DATA AND REQUES				·.	· · · · · · · · · · · · · · · · · · ·					
OIL WELL (Test must be after r	ecovery of tota	d volume of lo	ad oil and must	be equal to or	exceed top allo	wable for 11	is depth or be fo	r full 24 hour	·s.)	
Date First New Oil Run To Tank	Date of Test			Producing Me	thod (Flow, pur	np, gas lift,	elc.)			
Length of Test	Tubing Press	ure		Casing Pressure			Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF	Gas- MCF		
										
GAS WELL Actual Prod. Test - MCF/D										
COM Prod. 1est - MCP/D	Length of Test			Bbls. Condensate/MMCF Casing Pressure (Shut-in)			Gravity of Condensate Choke Size			
ing Method (pitot, back pr.) Tubing Pressure (Shut-in)										
I. OPERATOR CERTIFIC	ATE OF (OMDIT.	ANCE				1			
I hereby certify that the rules and regula	tions of the Oi	i Conservation	,	1 0	IL CON	SERV	ATION D	IVISIO	N	
Division have been complied with and t	hat the inform	ation given ab	ove						. •	
is true and complete to the best of my knowledge and belief.				Date:Approved						
Sutt Hist				Orig. Signed by						
Signature Scott Graef roduction Engineer				By Jerry Sexton						
Scott Graef Printed Name	Dist la Supul									
11/5/92	/03.55	Title		Title_						

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

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

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.