

Submit 5 Copies
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

OIL CONSERVATION DIVISION

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Pyramid Energy, Inc.		Well API No. 30-025-31021
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 West Pearl Queen Unit	Well No. 195	Pool Name, Including Formation Pearl (Queen)	Kind of Lease State, Federal or Fee	Lease No. E-1587
Location Unit Letter O : 1340 Feet From The East Line and 100 Feet From The South Line Section 29 Township 19S Range 35E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Shell Pipeline Corp. <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	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 Warren Petroleum <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Co. GPM Gas Corporation	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	32	19S	35E	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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10/12/90	Date Compl. Ready to Prod. 11/15/90		Total Depth 5100'		P.B.T.D. 5038'			
Elevations (DF, RKB, RT, GR, etc.) 3745 GR	Name of Producing Formation Queen		Top Oil/Gas Pay 4001		Tubing Depth 4995'			
Perforations 4903-4915, 4970-4976, 4982-4985, 4988-4992					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 422.59'		SACKS CEMENT 250 sx., circ. 51 sx.			
7 7/8"	5 1/2"		5097'		1400 sx., circ. 14 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 11/15/90	Date of Test 11/21/90	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure -	Casing Pressure 20 psi	Choke Size -
Actual Prod. During Test	Oil - Bbls. 102	Water - Bbls. 2	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
Printed Name
12/14/90
Date
Production Engineer
(512) 490-5000
Telephone No.

OIL CONSERVATION DIVISION

Date Approved
By
Title
Original
Paul Knatz
Geologist

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.