

**OIL CONSERVATION DIVISION**

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

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator <b>Pyramid Energy, Inc.</b>	Well API No. <b>30-025-31023</b>
Address <b>14100 San Pedro, Suite 700 San Antonio, Texas 78232</b>	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Change in Operator      Oil <input type="checkbox"/> Dry Gas <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 <b>West Pearl Queen Unit</b>	Well No. <b>205</b>	Pool Name, Including Formation <b>Pearl (Queen)</b>	Kind of Lease <b>State</b> , Federal or Fee	Lease No. <b>E-5841</b>
Location Unit Letter <b>C</b> : <b>1310</b> Feet From The <b>North</b> Line and <b>2630.</b> Feet From The <b>West</b> Line Section <b>33</b> Township <b>19S</b> Range <b>35E</b> , <b>NMPM</b> , Lea County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil or Condensate <b>Shell Pipeline Corp.</b> <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1910 Midland, Texas 79702</b>
Name of Authorized Transporter of Casinghead Gas or Dry Gas <b>Warren Petroleum Phillips 66 Natural Gas Co. GPM Gas Corporation</b> <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1589 Tulsa, OK 74102 4000 Benbrook Odessa, TX 79762</b>
If well produces oil or liquids, give location of tanks. Unit <b>B</b>	Is gas actually connected? <b>Yes</b>

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 <b>10/30/90</b>	Date Compl. Ready to Prod. <b>11/26/90</b>	Total Depth <b>5100'</b>		P.B.T.D. <b>5022'</b>				
Elevations (DF, RKB, RT, GR, etc.) <b>3707 GR</b>	Name of Producing Formation <b>Queen</b>	Top Oil/Gas Pay		Tubing Depth <b>4975'</b>				
Perforations <b>4713, 4714, 4749, 4750, 4751, 4895, 4896, 4897, 4898, 4899, 4957, 4958, 4959, 4960, 4967, 4968</b>							Depth Casing Shoe	
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>12 1/4"</b>	<b>8 5/8"</b>		<b>400'</b>		<b>250 sx. cmt., cir 60 sx.</b>			
<b>7 7/8"</b>	<b>5 1/2"</b>		<b>5095'</b>		<b>1044 sx. cmt., cir 76 sx.</b>			

**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 <b>11/26/90</b>	Date of Test <b>11/30/90</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>-</b>	Casing Pressure <b>0</b>	Choke Size <b>-</b>
Actual Prod. During Test	Oil - Bbls. <b>12</b>	Water - Bbls. <b>220</b>	Gas- MCF <b>TSTM</b>

**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 **Scott Graef** Title **Production Engineer**  
Date **12/14/90** Telephone No. **(512) 490-5000**

**OIL CONSERVATION DIVISION**

Date Approved \_\_\_\_\_  
By *Paul Kautz* Orig. Signed by **Paul Kautz**  
Title \_\_\_\_\_ **Geologist**

**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.