Submit 3 Copies to Appropriate District Office

State of New Mexico Energy,nerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION

P.O. Box 1980, Hobbs, NM 88240 WELL API NO. P.O. Box 2088 30-025-31106 **DISTRICT II** Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease FEE X STATE DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: GAS WELL WELL X OTHER East Pearl Oueen Unit 2. Name of Operator 8. Well No. Pyramid Energy, Inc. 3. Address of Operator 9. Pool name or Wildcat 14100 San Pedro Ste. 700 San Antonio, Texas Pearl Oueen 4. Well Location : 2563 Feet From The South Unit Letter 40 East Line and Feet From The 28 19S Section 35E Township Lea Range **NMPM** County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3719 GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB OTHER:____Squeeze perfs. to increase oil cut. OTHER: 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. Well producing 325 BBL water & trace of oil. Prepare to squeeze perfs. to 02/18/91 increase oil cut. Pull rods & tubing and set cement retainer at 4840'. Squeezed perfs. @ 02/19/91 4855'-4859' 4867'-4869' w/50 sx. of Class "H" cement. 02/20/91 Ran rods & tubing. Hung well on. 02/21/91 Returned well to production from perfs. 4688'-4698' & 4800'-4807'.

I hereby certify that the information above.	is true and complete to the best of my knowle	dge and belief.	DATE 04/23/91
TYPE OR PRINT NAME SCOTT	Graef		TELEPHONE NO.(512) 490-5000
(This space for State Use)	ing a service districts.		1. 28 29 W
APPROVED BY		— TITLE ————————————————————————————————————	DATE