Submit 5 Conies Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico Energy, Minerals and Natural Resources Department

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 30-025-31125 Pyramid Energy, Inc. 10101 Reunion Place, Ste. 210 San Antonio, Texas 78216 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Dry Gas Recompletion Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Lease No. West Pearl Queen unit Federal or Fee E-5886 Pearl (Queen) Location 1310 1330. Feet From The North Line and East Unit Letter \_ 19S 32 Township 35E Range , NMPM, Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil of Confements of Oil of O V Effective 4-1-94 EOTT Oil Pipeline Company P.O. Box 4666 Houston, Texas 77210-4666 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Warren Petroleum 2PM Cor P.O. Box 1589 Tulsa, OK If well produces oil or liquids, give location of tanks. Twp. 19S Rge. When? Is gas actually connected? 32 В 35E Yes March 1959 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Deepen Plug Back Same Res'v Diff Res'v Oil Well Gas Well New Well Workover Designate Type of Completion - (X) Date Spudded Total Depth Date Compl. Ready to Prod. P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Too Oil/Gas Pay **Tubing Depth** Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE (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.) OIL WELL Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Choke Size Tubing Pressure Casing Pressure Actual Prod. During Test Oil - Bbls. Water - Bbis. Gas- MCF **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF

## 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.

Testing Method (pitot, back pr.)

Date

Hao Scott Graef Production Engineer Title

> (210)<u>. 308-8000</u> Telephone No.

Tubing Pressure (Shut-in)

## OIL CONSERVATION DIVISION

Gravity of Condensate

Choke Size

1150 1 7 100 Date Approved Orig. Signed by By\_ Jerry Sexton. Dist 1. Supra

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.

Casing Pressure (Shut-in)

 $\mathsf{Title}_{\mathsf{-}}$ 

- 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.