

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 May 27, 2004

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

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| WELL API NO. 30-025-33033 |
| 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No. |
| 7. Lease Name or Unit Agreement Name Maljamar Grayburg Unit |
| 8. Well Number 86 |
| 9. OGRID Number 8041 |
| 10. Pool name or Wildcat Maljamar Grayburg San Andres |

SUNDRY NOTICES AND REPORTS ON WELLS
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other

2. Name of Operator
Forest Oil Corporation

3. Address of Operator
707 17th Street, Suite 3600, Denver, Colorado

4. Well Location
 Unit Letter: F feet from the 2537 line and North feet and 2603 from the West line
 Section 4 Township 17S Range 32E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
4218' GR

Pit or Below-grade Tank Application or Closure

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

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|---|---|
| <p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/></p> <p>OTHER: _____ <input type="checkbox"/></p> | <p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/></p> <p>CASING/CEMENT JOB <input type="checkbox"/></p> <p>OTHER. <input checked="" type="checkbox"/> Tubing Repair</p> |
|---|---|

13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Tubing Repair

- 12-14-07 drove to location & move rig to MGBU # 86 , RU PU unseat pmp POH rods & pmp , run paraffin knives to 3500' & clean tbg , ND WH POH 129 jts 2-7/8 , L.D. 8 jts were pitted & corrosive , brought jts from pipe yard , RU tbg tester, test tbg BIH found hole in tbg , RD tbg tester , NU WH S.I. well
- 12-17-07 drove to location, pick up new pmp RBIH w/ 162 - 7/8 rods space pmp hang well, good pmp action, RD PU Clean location. MO.

RECEIVED

JAN 11 2008

HOBBS OCD

hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan .

SIGNATURE Cindy Bush TITLE Sr. Regulatory Tech DATE 1-8-07

Type or print name Cindy Bush E-mail address: cabush@forestoil.com Telephone No. 303-812-1554

For State Use Only

APPROVED BY: Chris Williams TITLE OCD DISTRICT SUPERVISOR/GENERAL MANAGER DATE JAN 30 2008

Conditions of Approval (if any):