

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

WELL API NO. 30-025-01442
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-2148
7. Lease Name or Unit Agreement Name Caprock Maljamar Unit
8. Well Number 3
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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Injection <input type="checkbox"/>	
2. Name of Operator Forest Oil Corporation	
3. Address of Operator 3504 NW County Road	
4. Well Location Unit Letter <u>D</u> : <u>660</u> feet from the <u>North</u> line and <u>660</u> feet from the <u>West</u> line Section <u>17</u> Township <u>17S</u> Range <u>33E</u> NMPM Lea County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4203' GR	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
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

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

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.

10/4/06 MIRU Reeco Well Service.

10/5/06 Bled tbq. down. ND tbq. valve. Worked spear in jt. Pulled out 8" of plastic.

10/06/06 Worked new spear w/no progress. Slips appear to have crimped jt.

10/09/06 Milled plastic out of tbq. Speared & latched on to tbq. Cut tbq. Milled out more plastic. Latched on to tbq. w/spear & released pkr. LD spear. ND WH. NU BOP. POH. LD 2-3/8" Seal Tite tbq. & pkr. RIH w/Baker AD-1 pkr. & 2-3/8" tbq.

10/10/06 Finished RIH w/2-3/8" tbq. & AD-1 pkr. on 2-3/8" tbq. Pressure annulus to 500 PSI. Lost 20 PSI in 30 min. Released pkr. Circulate pkr. fluid & reset pkr. ND BOP. NU WH. Tested annulus to 500 PSI. Held good. RD Reeco.

10/13/06 Pressure tested casing to 360 PSI for 31 minutes. Test performed by M&S Sevice/witnessed by Maxey Bown w/NMOCD District I - Hobbs Office. (Original pressure chart attached) Left well to injection.

I 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 Mary Jo Turner TITLE Production Analyst DATE October 31, 2006

Type or print name Mary Jo Turner E-mail address: mjturner@forestoil.com Telephone No. (505) 392-9797

For State Use Only

OC FIELD REPRESENTATIVE II/STAFF MANAGER

APPROVED BY: Larry W. Wink TITLE _____ DATE NOV 17 2006

Conditions of Approval (if any):



