

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

FEB - 4 2009

Form C-103  
May 27, 2004

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



WELL API NO. 30-025-33517
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 171
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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator Forest Oil Corporation	
3. Address of Operator 707 17 <sup>th</sup> Street, Suite 3600, Denver, Colorado 80202	
4. Well Location Unit Letter <u>C</u> : <u>1116</u> feet from the <u>North</u> line and <u>1444</u> feet from the <u>West</u> line Section <u>24</u> Township <u>17S</u> Range <u>32E</u> NMPM County <u>Lea</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4223' 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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: Tubing Repair ☒

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.

10-31-08 - Spot rig RU PU unhung unit, pick up on rods & unset pmp, LD PR POH w/ rods & pmp. SION.  
11-03-2008 - SITP 100 PSI, RU vac trk. Bled well dn. ND WH, NU BOP, released TAC, POH w/tbg. RU testers, hydrotested tbg. BIH to 6000 PSI. Replaced MA, SN & perf. sub. Busted jt. #3 above SN. RIH w/1 jt. 2 3/8" BP MA, 4' perf. sub., 3 jts. 2 3/8" tbg., TAC, 131 jts. 2 3/8" tbg. Set TAC, ND BOP, NU WH. RIH w/2 1/2" X 1 1/2" X 20' pmp. w/1' LS & 12' GA, 10 - 1", 84 - 3/4", 68 - 7/8", 1-8", 1-6", 1-4", 1-2", 1-4" (7/8") subs, 1 1/4" X 20' PR w/16' liner RD vac trk. Hung well on. SION  
11-04-2008 - RDPU clean up location.

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 \_\_\_\_\_ DATE \_\_\_\_\_

Type or print name  
**For State Use Only**

E-mail address:

Telephone No.

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any):

Accepted for record  
NMOCD