Submit 3 Copies To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources		Form C-103
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240			May 27, 2004 WELL API NO.
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-025-34193
District III	1220 South St. Francis Dr.		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		STATE FEE  6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	,		B-2148
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name
(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.)			Caprock Maljamar Unit
1. Type of Well: Oil Well Gas Well Other WIW			8. Well Number 283
2. Name of Operator Forest Oil Corporation			9. OGRID Number
3. Address of Operator			8041 10. Pool name or Wildcat
3504 NW County Road		Maljamar Grayburg San Andres	
4. Well Location			
Unit Letter O: 1033 feet from the South line and 1975 feet from the East line			
Section 28 Township 17S Range 33E NMPM Lea County			
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4170' GR			
Pit or Below-grade Tank Application or Closure  Pit typeDepth to GroundwaterDistance from nearest fresh water wellDistance 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	PLUG AND ABANDON	REMEDIAL WORK	
TEMPORARILY ABANDON DULL OR ALTER CASING	CHANGE PLANS	COMMENCE DRI	
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	ГЈОВ 📙
OTHER:		OTHER: Test	
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.			
•			*.
2/15/07 Ran pressure chart to 520 psi for 30 min. Original chart attached.			
Test performed/witnessed by Nick Jimenez with Gandy Corpration.			
Verbal approval from Sylvia Dickey w/NMOCD.			
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			15/2 0 10 <sup>3</sup> /
			and belief. I further certify that any pit or below-
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 Go Turner	TITLE_		
Type or print name Mary Jo Turner	E-mail address: MJTurner@	Dforestoil.com	Telephone No. (505) 392-9797
Telephone 10. (303) 372-7171			
For State Use Only  OC FIELD REPRESENTATIVE II/STAFF MANAGER			
APPROVED BY: Hay W.L	Jink TITLE		DATE AR 0 7 2007
Conditions of Approval (if(any):			DATE

