Office Submit 3 Copies To Appropriate District	State of New Mexico		Form C-103	
District I	Energy, Minerals and Nati	ural Resources		May 27, 2004
1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NO.	
1301 W. Grand Ave., Artesia, NM 88210	88210 OIL CONSERVATION DIVISION		30-025-01451 5. Indicate Type of Lease	
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE FEE	
District IV	Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505			B-2148	
SUNDRY NOTIO (DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)	CES AND REPORTS ON WELLS TALS TO DRILL OR TO DEEPEN OR PL ATION FOR PERMIT" (FORM C-101) F	JIG BACK TO A	7. Lease Name or Unit Aş Caprock Maljamar Un	
1. Type of Well: Oil Well	Gas Well Other WIW		8. Well Number 32	
2. Name of Operator			9. OGRID Number	
Forest Oil Corporation 3. Address of Operator			8041	
3504 NW County Road Hobbs, New Mexico 88240			10. Pool name or Wildcat Maljamar Grayburg San Andres	
4. Well Location		<u></u> -		
Unit Letter P:	660 feet from the South	line and66	feet from the	East line
Section 17	Township 17S	Range 33E	NMPM Lea	County
	11. Elevation (Show whether DR	, RKB, RT, GR, etc.)		
Pit or Below-grade Tank Application or	4194' GR			
			nce from nearest surface water_	
Pit Liner Thickness: mil	Below-Grade Tank: Volume		nstruction Material	
12. Check A	ppropriate Box to Indicate N	lature of Notice, F	Report or Other Data	
NOTICE OF INT	TENTION TO	SUBS	SEQUENT REPORT	OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON □	REMEDIAL WORK		NG CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRIL		
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT		
OT US			_	
OTHER:	eted operations. (Clearly state all p	OTHER: Tbg. F	Repair	<u> </u>
of starting any proposed wor or recompletion.	k). SEE RULE 1103. For Multip	le Completions: Atta	ach wellbore diagram of pro	posed completion
4/12/07 RU Bo Monk Testers	ND WH. NU BOP. POH w/5-1/2 s. RIH w/AD-1 pkr. on 2-3/8" tbg ls. fresh water w/pkr. fluid. Set pk	replacing 3 its. Pres	ssure test csg. to 500# for 3	0 min. Release
30 min. Held ok. RI	D unit.			_
4/16/07 Pressure test csg. to 5	500#. Original chart attached. Te	st performed by Harv	ey Salcido w/Crain Hot Oi	l Service.
4/17/07 Injecting 81 BWPD	m Sylvia Dickey w/NMOCD.			
4/1//or injecting of BWID	<i>₩</i> 1375#.			
				•
		•		
I hereby certify that the information algrade tank has been/will be constructed or cl	ove is true and complete to the be osed according to NMOCD guidelines [est of my knowledge :	and belief. I further certify the ran (attached) alternative OCD-	at any pit or below- approved plan .
SIGNATURE Many go Turney		Production Analyst	DATE_May	•
Type or print name Mary Jo Turner	E-mail address: MJTurner@	2 forestoil.com	Геlephone No. <u>(505) 392-9</u>	<u> 797</u>
For State Use Only	<u>\</u>			
$\overline{}$				3.4 co -
APPROVED BY: Hary W.	WMR TITLE		VSTAFF MANAGEBATE_	MAY 1 8 2007
Conditions of Approval (if any):	OC FIELD	REPRESENTATIVE		= 200
<u> </u>				

