

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

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

Form C-103  
May 27, 2004

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-025-01454
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>WIW</u>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Forest Oil Corporation		6. State Oil & Gas Lease No. B-2148
3. Address of Operator 3504 NW County Road Hobbs, New Mexico 88240		7. Lease Name or Unit Agreement Name Caprock Maljamar Unit
4. Well Location Unit Letter <u>K</u> : <u>1980</u> feet from the <u>South</u> line and <u>1980</u> feet from the <u>West</u> line Section <u>17</u> Township <u>17S</u> Range <u>33E</u> NMPM Lea County		8. Well Number <u>20</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4203' GR		9. OGRID Number 8041
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		10. Pool name or Wildcat Maljamar Grayburg San Andres
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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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: <u>Packer Repair</u> <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.

2/27/07 MIRU pulling unit. NU BOP. Release 4-1/2" Perma-Latch pkr. POH w/2-3/8' tbg. & pkr. SIW & SDFN.  
2/28/07 RU tbg. testers. Picked up AD-1 pkr. RIH testing tbg. Replaced 3 jts. bad pin's. RD tbg. tester. RU pump truck.  
Set pkr. Pressured to 500# for 30 min. Release pkr. Circulate 75 bbls. pkr. fluid. Set pkr. @ 4044'. Top of perf.  
@ 4124'. Ran tbg. ND BOP. NU WH. Pressure tested WH. SDFN.  
3/01/07 Pressure tested csg. Original chart retained by Sylvia Dickey w/NMOCD. Copy of original chart attached. Test performed by Nick Jimenz w/Gandy Corporation.  
3/03/07 Injecting 81 BWPD @ 1450#

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

SIGNATURE Mary Jo Turner TITLE Production Analyst DATE March 31, 07  
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: [Signature] TITLE \_\_\_\_\_ DATE MAY 23 2007  
Conditions of Approval (if any): \_\_\_\_\_

