

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

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"/>		WELL API NO. 30-025-24446
2. Name of Operator Forest Oil Corporation		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator 707 17 th Street, Suite 3600, Denver, Colorado 80202		6. State Oil & Gas Lease No. B-2148
4. Well Location Unit Letter: <u>F</u> : <u>1330</u> feet from the <u>North</u> line and <u>1330</u> feet from the <u>West</u> line Section <u>20</u> Township <u>17S</u> Range <u>33E</u> NMPM Lea County		7. Lease Name or Unit Agreement Name Caprock Maljamar Unit
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4117' GL		8. Well Number 179
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		9. OGRID Number 8041
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____		10. Pool name or Wildcat Maljamar Grayberg San Andres
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		

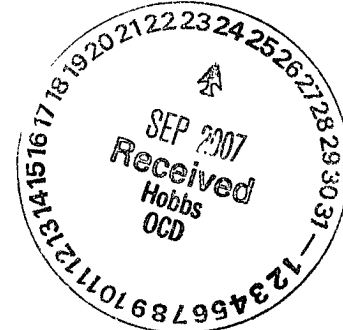
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

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

7-31-07 RU PU, unhung well head, csg blowing fluid call for vacuum truck. POH rods & pmp. Released TAC, ND WH, NU BOP POH tbg & tally tbg, pull out TAC, Perf & mud jts. Close well in.

8-02-07 RU vacuum truck to casing standing full RU tbg testers, test tbg BIH, found 4 bad jts, busted 3 jts and found hole first top jts below slips. Replace mud jts. RD tbg tester. ND BOP set TAC 2-7/8" x 7" pull 13 points hung tbg on. Pick up pmp 2-1/2" x 1-1/2" x 20'-1' K-Bar-47-3/4 rods-123-7/8 rods-8'-8'-6' x 7/8 subs-14' x 1-3/4 liner 26' x 1-1/2 x 7/8 P.R. RBIH, space & hung well on, well pump good. RD PU. Clean location.



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 Cindy Bush TITLE Sr. Regulatory Tech DATE 9-18-07

Type or print name For State Use Only E-mail address: Telephone No.

APPROVED BY: Gayle W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE SEP 24 2007