

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. Santa Fe 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

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)		WELL API NO. 30-025-01535 ✓
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/>		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-2229
3. Address of Operator 707 17 th Street, Suite 3600, Denver, Colorado		7. Lease Name or Unit Agreement Name CAPROCK MALJAMAR ✓
4. Well Location Unit Letter: <u>G</u> feet from the <u>1980</u> line and <u>North</u> feet and <u>1980</u> from <u>East</u> line Section <u>28</u> Township <u>17S</u> Range <u>33E</u> NMPM County <u>Lea</u> ✓		8. Well Number 92 ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4185' RT		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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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: <input checked="" type="checkbox"/> MIT Test & Return to Active Injection	

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.

10-21-08 – Ran casing. Integrity test – Had verbal permission from Mark Whittaker w/OCD to run test. Press casing to 565 PSI, lost 5 psi in 30 minutes. Held 560 PSI for 30 min. chart .OK

MIT Chart attached

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 10-23-08

Type or print name Cindy Bush E-mail address: cabush@forestoil.com Telephone No. 303-812-1554
For State Use Only

APPROVED BY: Cary W. Hill TITLE _____ DATE _____
Conditions of Approval (if any): _____

OCD FIELD REPRESENTATIVE II/STAFF MANAGER OCT 28 2008



Daily Report

Report # 1, Report Date: 10/21/2008

Job Type: Equipment Pressure

Integrity Test

Cost Type:

Well Name: CAPROCK MALJAMAR UNIT #92

API/UWI 30-025-01535	Field Name CMU A & C	Business Unit Western	Orig KB Elev (ftKB)	Ground Elevation (ftKB)	KB-Ground Distance (ft)	TD (ftKB)
State/Province New Mexico	County Lea	FOC WI (%)	Foreman Roy Munoz #720395	Pumper Glen Chastain	Engineer	

PBTDs

Date	Depth (ftKB)	Type	Method
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Daily Operations

Date From: 10/21/2008 - Date To: 10/21/2008

Operations at Report Time

Operations Summary

Ran csg integrity test - Had verbal permission from Mark Whittaker w/OCD to run test Press csg. to 565 PSI, lost 5 PSI in 30 mins Held 560 PSI for 30 min chart, OK.

Proposed Activity 24hrs

Cost Type	AFE Number	Total AFE Amount	Total AFE Supplemental Amount	Daily Cost Total	Cumulative Cost
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Daily Costs

Cost Description	Code 1	Code 3	Vendor	Note	Cost
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Time Log

From	To	HRS (hrs)	Sum HRS (hrs)	CODE	SUB CODE	Description OP
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