Submit 3 Copies To Appropriate District Office State of New Mexico Office Winorals and Natural Passaur	Form C-103 ces May 27, 2004
District I Energy, Minerals and Natural Resour 1625 N French Dr., Hobbs, NM 88240	WELL API NO.
District II 1301 W Grand OCATE 2, 742008 OIL CONSERVATION DIVISIO 1220 South St. Francis Dr.	N 30-025-01536 5. Indicate Type of Lease
District III UC 1 2008 1220 South St. Francis Dr.	STATE STATE
1000 Rio Brazos Rd. Aztec, NM 87410 District IV 1220 S St Fribris 91 Sama Fe, NM 87505 Santa Fe, NM 87505	6. State Oil & Gas Lease No. B-2148
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	
PROPOSALS.)	8. Well Number
1. Type of Well: Oil Well ☐ Gas Well ☐ Other ✓ 2. Name of Operator /	9. OGRID Number
Forest Oil Corporation	8041
3. Address of Operator	10. Pool name or Wildcat
707 17 th Street, Suite 3600, Denver, Colorado	Maljamar Grayburg San Andres
4. Well Location	
Unit Letter: Ifeet from the1650line andSouth	
Section 28 Township 17S Range 33E	NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, 4190' KB	GR, etc.)
Pit or Below-grade Tank Application or Closure	D
Pit typeDepth to GroundwaterDistance from nearest fresh water well	
	obls; Construction Material
12. Check Appropriate Box to Indicate Nature of N	Notice, Report or Other Data
	SUBSEQUENT REPORT OF: LL WORK ALTERING CASING COME COME COME COME COME COME COME COME
OTHER: OTHER	
 Describe proposed or completed operations. (Clearly state all pertinent de of starting any proposed work). SEE RULE 1103. For Multiple Completi or recompletion. 	
10-21-08 – Ran casing Integrity test – Had verbal permission from Mark WI PSI, lost 20 psi in 10 minutes. Held 340 PSI for 50 min_chart .OK	nittaker w/OCD to run test. Press casing to 360
MIT Chart attached	
hereby certify that the information above is true and complete to the best of my kno grade tank has been/will by constructed or closed according to NMOCD guidelines , a general p	wledge and belief. I further certify that any pit or below-
	ar an (accenses) and (many to obs approved plan
SIGNATURE TITLE Sr. Regulatory	v Tech DATE 10-23-08
Type or print name Cindy Bush E-mail address: cabush@forestoil.c	· • • • • • • • • • • • • • • • • • • •
For State Use Only	WINDING MASSICIAL OF LA COOL
APPROVED BY: TITLE Conditions of Approval (a any):	DATE

Daily Report



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

Job Type: Equipment Pressure Integrity Test Cost Type:

API/UWI	Field Name		Business Unit		Orig KB Elev (ftKB)	Ground Elevation (ftKB)	KB-Ground Distance (ft) TD (ftKB)	
30-025-01536	Maljamar			/estern				
State/Province	County	F	OC WI (%)	Foreman		umper	Engineer	
NEW MEXICO Lea			Roy		y Munoz #720395		Scott Ross	
PBTDs								
Oate*		De	pth (ftKB)	. 200: 5	ή Type	344000 400	NGE Method विशेष व	
Dally On a William		¥š		* ***	40 MA	37.		
Daily Operations	4 26 17			4 1	(1) M			
Date From: 10/21/2	2008 - Date To: 1	0/21/2008	ear val	7 11 (5				
Operations at Report Time								
Operations Summary								
,	ما المطييمتاء م	munical frame	Mark Ministration		t Dunne one to	200 DOL 1444 20 DOL	10 mins Haid 240 DCI #50 mins	
OK	st - nad verbar ap	provai irom	wark vvnillakei	to periorn tes	i. Press csg to	300 PSI, 10St 20 PSI II	10 mins. Held 340 PSI f/50 mins	
Proposed Activity 24hrs								
Troposed Activity 24(1)'s								
				1				
	AFE Number		Total AFE Amount	Tota	al AFE Supplemental Ar	mount Daily Cost Total	Cumulative Cost	
	AFE Number		Total AFE Amount	Tota	al AFE Supplemental Ai	mount Daily Cost Total	Cumulative Cost	
	AFE Number		Total AFE Amount	Tota	al AFE Supplemental Ai	mount Daily Cost Total	Cumulative Cost	
Cost Type		ode 1	Total AFE Amount		al AFE Supplemental Ai		Cumulative Cost Note Cost	
Cost Type Daily Costs		ode,1						
Cost Type Daily Costs Cost Descrip	otion C	ode 1 , i.e.						
Cost Type Daily Costs Cost Descrip	otion C	ode 1	Code 3		endor		Note Cost.	
Cost Type Daily Costs Cost Descrip	otion C		Code 3)	endor			
Cost Type Daily Costs Cost Descrip	otion C	HRS.	Code 3		endor		Note Cost.	

