Form 3160-5 (August 2007)

## UNITED STATES DEPARTMENT OF THE INTERIOR - BUREAU OF LAND MANAGEMENT

RECEIVED

FORM APPROVED OMB NO. 1004-0135 Expires: July 31, 2010

Expires: July 31 Lease Serial No NMLC064150

| 200 | <ol><li>Lease</li></ol> | Se |
|-----|-------------------------|----|
| 109 | NML                     | CC |

| - BUREAU OF LAND MANAGEMENT                                | CCD | 3.0        | 0000     |
|--|-----|------------|----------|
| SUNDRY NOTICES AND REPORTS ON WELLS                        | LED | 10         | 2009     |
| Do not use this form for proposals to drill or to re-enter | an  | r~n +r~n m | ~~ ~~ ~~ |

Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposal BSOCD

6. If Indian, Allottee or Tribe Name

| SUBMIT IN TRIPLICATE - Other instructions on reverse side.  |   |                                     | 7. If Unit or CA/Agreement, Name and/or No. NMNM70988X |                                       |                         |  |
|---|---|-------------------------------------|--|---------------------------------------|-------------------------|--|
| 1. Type of Well ☐ Gas Well ☑ Other: INJECTION ✓   |   |                                     | 8. Well Name and No.<br>MALJAMAR GB UN 155             |                                       |                         |  |
| Name of Operator     FOREST OIL CORPORATION     E-Mail: cabush@forestoil.com  Contact: CINDY A BUSH E-Mail: cabush@forestoil.com                                      |   |                                     |  | 9. API Well No.<br>30-025-33874-00-S1 |                         |  |
| 3a. Address       3b. Phone No. (include area code)         707 SEVENTEENTH STREET, SUITE 3600       Ph: 303-812-1554         DENVER, CO 70202       Fx: 303-864-6105 |   |                                     | MALJAMAR, Graybra, SA                                  |                                       |                         |  |
| 4. Location of Well (Footage, Sec., T   | ., R., M., or Survey Description)                 | ,                                   |  | 11. County or Parish, and State       |                         |  |
| Sec 10 T17S R32E SENW 18  | •   |                                     | •  | LEA COUNTY, I                         | VM ∕.                   |  |
| 12. CHECK APPE  | ROPRIATE BOX(ES) TO INI                           | DICATE NATURE OF 1                  | NOTICE, R  | EPORT, OR OTHER                       | DATA                    |  |
| TYPE OF SUBMISSION  |   | TYPE O                              | TYPE OF ACTION   |                                       |                         |  |
|   | ☐ Acidize   | Deepen                              | Produc   | tion (Start/Resume)                   | ☐ Water Shut-Off        |  |
| □ Notice of Intent  | Alter Casing                                      | Fracture Treat                      | Reclamation  |                                       | ☐ Well Integrity        |  |
| Subsequent Report   | Casing Repair                                     | ☐ New Construction                  | Recom  | plete                                 | □ Other                 |  |
| Final Abandonment Notice  | Change Plans                                      | Plug and Abandon                    | _  | rarily Abandon                        |                         |  |
|   | Convert to Injection                              | Plug Back                           | □ Water l  |                                       | •                       |  |
| injection. This well is TA.   | ngetrity Test. w/ chart. Inadve                   | , vienepasconticatoria              | S DACK TO  |                                       |                         |  |
|   |   | ine                                 |  |                                       |                         |  |
|   |   |                                     |  |                                       | •                       |  |
| WEIL being Reported   | l as WIW last 1                                   | Nection 6/2000                      | Correc   | TREPOITS 7                            | c 74                    |  |
| 14. I hereby certify that the foregoing   | is true and correct.  Flectronic Submission #6624 | 10 verified by the BLM We           | II Informatio  | n System                              |                         |  |
| Name (Printed/Typed) CINDY A  |   |                                     | GULATOR  |                                       | •                       |  |
| · · · · · · · · · · · · · · · · · · ·   |   |                                     |  |                                       |                         |  |
| Signature (Electronic   | Submission)                                       | Date 01/12/                         | 2009   |                                       |                         |  |
|   | THIS SPACE FOR I                                  | EDERAL OR STATE                     | OFFICE U   | JSE                                   |                         |  |
| Approved By DUNCAN WHITLO   |   | TitleLEAD PE                        | T -  |                                       | Date 01/31/2£           |  |
| Conditions of approval, if any, are attack certify that the applicant holds legal or e which would entitle the applicant to con-                                      | equitable title to those rights in the sul        | warrant or bject lease Office Hobbs |  |                                       |                         |  |
| Title 18 U.S.C. Section 1001 and Title 4  | 3 U.S.C. Section 1212, make it a crir             | ne for any person knowingly a       | and willfully to                                       | make to any department                | or agency of the United |  |