

RECEIVED

FEB 11 2009

HOBBSCOCD

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-01536 ✓
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. B-2148
7. Lease Name or Unit Agreement Name CAPROCK MALJAMAR ✓
8. Well Number 96 ✓
9. OGRID Number 8041 ✓
10. Pool name or Wildcat Maljamar Grayburg San Andres ✓

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 ☒ Gas Well ☒ Other Injection

2. Name of Operator

Forest Oil Corporation

3. Address of Operator

707 17th Street, Suite 3600, Denver, Colorado

4. Well Location

Unit Letter: I feet from the 1650 line and South feet and 990 from East line ✓Section 28 Township 17S Range 33E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

4190' KB

Pit or Below-grade Tank Application ☐ or Closure ☐

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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐ CHANGE PLANS ☐PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ P AND A ☐CASING/CEMENT JOB ☐OTHER: ☒ MIT TEST TA

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.

1-20-09 – RUN MIT TEST, PRESSURE TO 500 PSI FOR 30 MIN. LOST 30 PSI, ROBERT W/OCD.

This Approval of Temporary
Abandonment Expires 1-20-2014

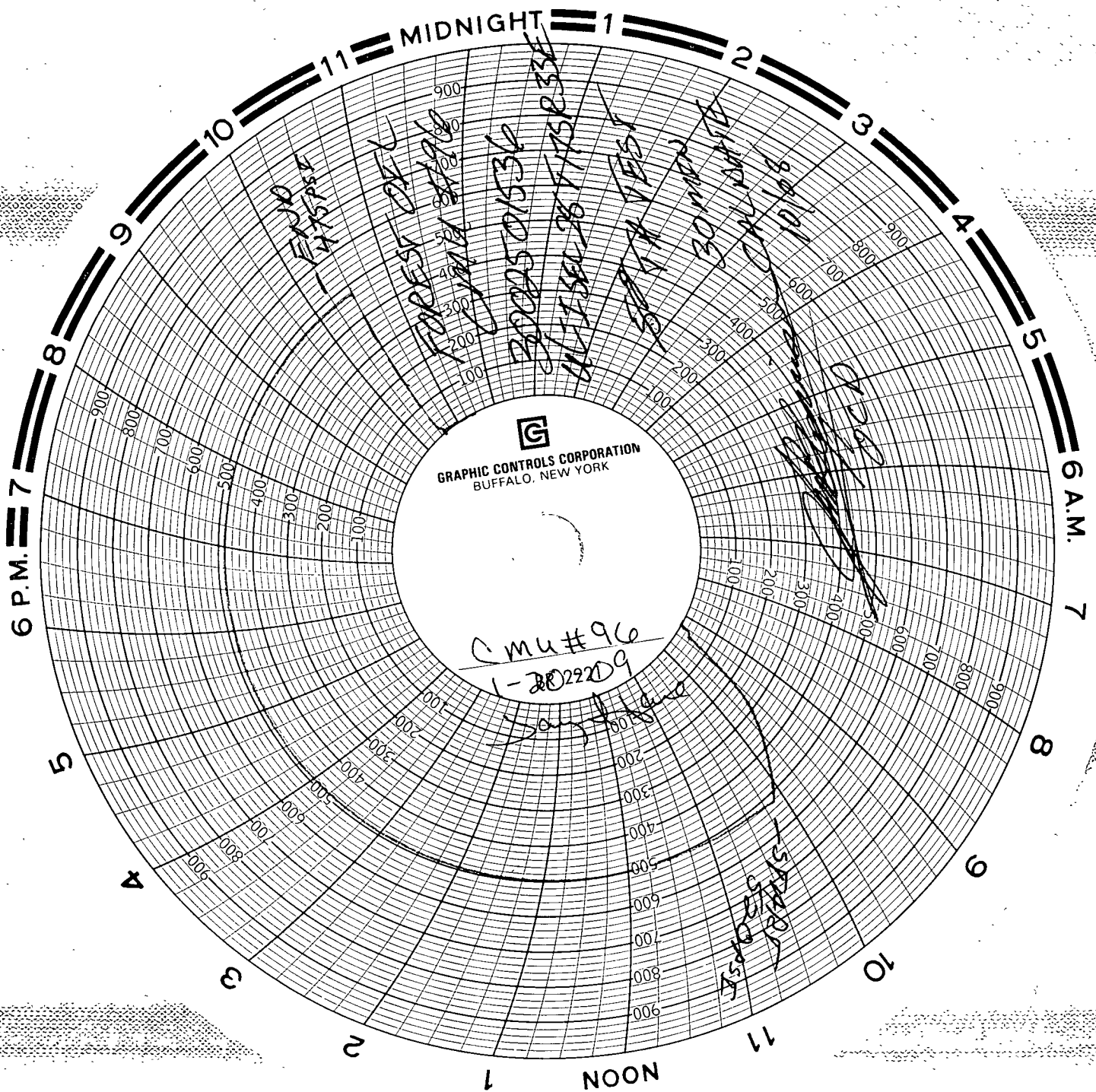
hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☒, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Cindy Bush TITLE Sr. Regulatory Tech DATE 2-10-09Type or print name Cindy BushE-mail address: cabush@forestoil.comTelephone No. 303-812-1554

For State Use Only

APPROVED BY: Tony W. Hill TITLE DISTRICT 1 SUPERVISOR DATE FEB 13 2009

Conditions of Approval (if any):





Daily Report

Report # 1, Report Date: 1/20/2009

Job Type: Other

Cost Type:

Well Name: Caprock Maljamar Unit # 96

API/UWI	Field Name	Business Unit	Orig KB Elev (ftKB)	Ground Elevation (ftKB)	KB-Ground Distance (ft)	TD (ftKB)
30-025-01536	Maljamar	Western				
State/Province	County	FOC WI (%)	Foreman	Pumper	Engineer	
New Mexico	LEA					

PBTDs	Date	Depth (ftKB)	Type	Method

Daily Operations

Date From: 1/20/2009 - Date To: 1/20/2009

Operations at Report Time

Operations Summary

Run MIT test, pressure to 500 psi for 30 min, lost 30 psi, Robert OCD pass it. OCD said can pull chart in 7 or 8 days from web site

Proposed Activity 24hrs

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

Daily Costs

Cost Description	Code 1	Code 3	Vendor	Note	Cost

Time Log

From	To	HRS (hrs)	Sum HRS (hrs)	CODE	SUB CODE	Description OP
14:00	14:00		0.00			Run MIT test, pressure to 500 psi for 30 min, lost 30 psi, Robert OCD pass it. OCD said can pull chart in 7 or 8 days from web site.

Perforations

Date	Top (ftKB)	Bottom (ftKB)	Zone	Entered Shot Total

Comment