

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103

June 19, 2008

RECEIVED

OCT 26 2009

HOBBSOCD

## OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO 30-025-01480
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Caprock Maljamar Unit
8. Well Number 52
9. OGRID Number 8041
10. Pool name or Wildcat Maljamar Grayburg San Andres
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4128'

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"/> Injection <input checked="" type="checkbox"/>	
2. Name of Operator Forest Oil Corporation	
3. Address of Operator 707 17 <sup>th</sup> Street, Suite 3600 Denver, Colorado 80202	
4. Well Location Unit Letter <u>G</u> : 1980 feet from the <u>North</u> line and 1980 feet from the <u>East</u> line Section 19 Township 17S Range 33E NMPM County Lea	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4128'	

## 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 ☐  
 DOWNHOLE COMMINGLE ☐

OTHER: ☐

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
 COMMENCE DRILLING OPNS. ☐ P AND A ☐  
 CASING/CEMENT JOB ☐

OTHER: MIT Test ☒

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.

October 19, 2009

Forest Oil would respectfully like to let you know an MIT Test was performed on 9/16/09 with Robert <sup>Harrison</sup> Inge from the OCD to witness. There are no leaks in the casings and the well passed the test.

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief

SIGNATURE

TITLE

DATE

Type or print name

E-mail address

PHONE

For State Use Only

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any).

DISTRICT 1 SUPERVISOR

OCT 26 2009

