

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 St Francis Dr, Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 June 19, 2008

RECEIVED
 CONSERVATION DIVISION
 NOV 30 2009
 HOBBSDO

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

WELL API NO. 30-025-00528
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 13
9. OGRID Number 8041
10. Pool name or Wildcat Maljamar (Grayburg San Andres)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4110' GR

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 80202

4. Well Location
Unit Letter J : 1980 feet from the South line and 1980 feet from the East line
Section 13 Township 17S Range 32E NMPM County Lea

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"/>	REMEDIAL WORK <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
MULTIPLE COMPL <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>	
OTHER: <input type="checkbox"/>	OTHER: Returned To Injection <input checked="" type="checkbox"/>

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.

Forest Oil Corporation would respectfully like to let you know that this well was returned to injection on 11/14/09.

MIRU, ND wellhead, NU BOP, release packer, POOH. Packer had hole in collar, Hydrotest tbg, Replace 3 bad joints. RIH w/ Baker AD-1 packer and 132 jts 2-3/8" tbg. Set pkr. Pressure test annulus to 500 psi, held for 30 min. Release packer. Circulate pkr fluid, reset pkr. Pressure test annulus to 500 psi and ran 30 min chart; held ok RDMO

330

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: Kelly Harris TITLE: Regulatory Tech DATE: 11-24-09
 Type or print name: Kelly Harris E-mail address: kharris@foreston.com PHONE: 3038121676

For State Use Only

APPROVED BY: Cary D. Hill TITLE: DISTRICT 1 SUPERVISOR DATE: DEC 02 2009

Conditions of Approval (if any):



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

TEST DATE
11/13/09

BR 2221

FWD
320SE

INTEST OIL
EVAPOUR MALSAMAR
#13

UK-JSEC13817SR3AE
POST WORKOVER
30' TEST

CAL DATE
10/15/09

[Handwritten signature]
Jed

TEST
START

