Submit 3 Copies To Appropriate District Office	Copies To Appropriate District State of New Mexico		Form C-103
District I Energy, Minerals and Natural Resources 1625 N French Dr., Hobbs, W 88240		WELL API NO.	
			30-025-01538
District II 1301 W Grand Ave., Allega, MM 88210 GOIL CONSERVATION DIVISION			5. Indicate Type of Lease
District III 1220 South St. Francis Dr.		STATE FEE	
1000 Rio Brazos Rd 1000 Bro State IV Santa Fe, NM 87505		7505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM			
87505 SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name
(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)		Caprock Maljamar Unit	
1. Type of Well: Oil Well Gas Well Other WIW			8. Well Number 100
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 80202		Maljamar Grayburg San Andres	
4. Well Location			
Unit Letter O: 330 feet from the South line and 2310 feet from the East line			
Section 28 Township 17S Range 33E NMPM County Lea			
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
1101102011110111011			SEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORTENDE PLANS ☐ COMMENCE DR			
		10B	
DOWNHOLE COMMINGLE			
OTHER:			IIT 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.			
of recompletion.			
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Forest Oil Corporation respectfully would like to let you know that attached is an MIT test that was run for this well on 12-14-09.			
Spud Date:	Rig Release Da	ite:	
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
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SIGNATURE DUM + WV	W TITLE KO	MODOLY 1 K	201\ date 12-22-09
Type or print name Kan Hawy 5 E-mail address: Kanay 18 Only E-mail address: Kanay 18 Only 18 O			
For State Use Only DEC 2 9 2000			
APPROVED BY: TITLE DISTRIGT 1 SUPERVISOR DATE DEC 2 8 2009			
Conditions of Approval (if any):			
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