

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Month - Year
MAR - 8 2007
OCD - ARTESIA, NM

FORM APPROVED
OMB No. 1004-0137
Expires: March 31, 2007

SUNDRY NOTICES AND REPORTS ON WELLS

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

SUBMIT IN TRIPLICATE- Other instructions on reverse side.

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <i>Injection</i>		5. Lease Serial No. LC-029420 (A)
2. Name of Operator Forest Oil Corporation		6. If Indian, Allottee or Tribe Name
3a. Address 3504 NW County Road Hobbs, New Mexico 88240	3b. Phone No. (include area code) 505 392-9797	7. If Unit or CA/Agreement, Name and/or No. Skelly Unit
4. Location of Well. (Footage, Sec., T., R., M., or Survey Description) 660' FNL & 1980' FNL Sec. 15-T17S-R31E Unit C		8. Well Name and No. 106
		9. API Well No. 30-015-20366
		10. Field and Pool, or Exploratory Area Grayburg Jackson 7-Rivers QN GB SA
		11. County or Parish, State Eddy County, New Mexico

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input checked="" type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

12/13/06 MIRU unit. ND WH. Release pkr. NU BOP. POH w/2/3/8" tbg. & pkr. SIW.
12/14/06 RU WL. Set CIBP @ 3220'. RD WL. RIH w/2-3/8" tbg. Pressure tested to 500 psi for 30 min. Held ok. Circulated 80 bbls. pkr. fluid. POH & LD tbg. ND BOP. RD unit. Waiting on OCD test approval.
2/20/07 Ran MIT for 30 min. to 570 psi. Held ok. Test performed by Mr. Rueda w/Stone Oilfield Service. Witnessed by Gerry Guye w/NMOCD. Original chart retained by Gerry Guye. Copy of chart attached.

Accepted for record
NMOCD *[Signature]*

14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Mary Jo Turner		Title Production Analyst
Signature <i>Mary Jo Turner</i>		Date March 1, 2007

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	Title	Date
	Office	

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

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3b. Phone No. (include area code) 505 392-9797		8. Well Name and No. 19
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1980' FNL & 1960' FWL Sec. 15-T17S-R31E Unit F		9. API Well No. 30-015-05155
		10. Field and Pool, or Exploratory Area Grayburg Jackson 7-Rivers QN GB SA
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