

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
 May 21, 2007

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO.
 30-015-20469

5. Indicate Type of Lease
 STATE FEE

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
 Skelly Unit

8. Well Number
 110

9. OGRID Number
 8041

10. Pool name or Wildcat
 Grayburg Jackson 7-Rivers QN GB SA

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
 3504 NW County Road Hobbs, New Mexico 88240 (505) 392-9797

Month - Year
MAR 15 2007
 OCD - ARTESIA, NM

4. Well Location
 Unit Letter G : 1980 feet from the East line and 1980 feet from the North line
 Section 14 Township 17S Range 31E NMPM Eddy County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
 3917' GR

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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input 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.

The annulus will be pressured to 500 PSI to check its integrity. If it is ok, a pulling unit will be rigged up. The packer will be released and pulled out of the hole, laying down tubing and packer. A CIBP will be set where the packer was set. The CIBP will be set within 100' of top perforations. The casing will be pressured to 500 PSI and tested again with a 30 minute chart.

The Artesia NMOCD office will be notified before start of work and casing test. Estimated date of starting proposed work will be upon approval.

TA Status will be approved only upon receipt of Final C-103 and a witnessed MIT Test. Notify OCD 24 hours prior to testing.

* This is a Federal injection well.

I 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 Mary Jo Turner TITLE Production Analyst DATE March 14, 2007

Type or print name Mary Jo Turner E-mail address: mturner@forestoil.com Telephone No. (505) 392-9797

For State Use Only
 APPROVED BY: [Signature] TITLE Gerry Guys Deputy Field Inspector District II - Artesia DATE MAR 15 2007
 Conditions of Approval (if any): _____