

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  
May 27, 2004

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

WELL API NO. 30-015-05372
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Skelly Unit
8. Well Number 72 AUG 24 2007
9. OGRID Number 8041 OCD-ARTESIA
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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Injection	7. Lease Name or Unit Agreement Name Skelly Unit
2. Name of Operator Forest Oil Corporation	8. Well Number 72 AUG 24 2007
3. Address of Operator 3504 NW County Road Hobbs, New Mexico 88240 (505) 392-9797	9. OGRID Number 8041 OCD-ARTESIA
4. Well Location Unit Letter <u>K</u> : <u>1980</u> feet from the <u>South</u> line and <u>1980</u> feet from the <u>West</u> line Section <u>23</u> Township <u>17S</u> Range <u>31E</u> NMPM Eddy County	10. Pool name or Wildcat Grayburg Jackson 7-Rivers QN GB SA
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3873' DF	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
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 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: Packer Repair <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.

7/19/07 MIRU unit. ND WH. NU BOP. POH w/2-3/8" IPC tbg. & pkr. RU testers. RU testers. Picked up 4-1/2" AD-1 pkr. & RIH w/tbg. Tested all jts. and did not find any holes.

7/20/07 ND tbg. tongs. Set pkr. @ 3123'. Pressure tested to 500# for 15 min. Released pkr. Circulated 60 bbls. fresh water w/pkr. fluid. Set pkr. Pressured to 500# for 30 min. Held ok. RD pump truck. ND BOP. NU WH. RD unit. Empty pit and clean location.

7/31/07 Pressure test csg. to 380# for 30 min. Held ok. Witnessed by Richard Inge Field Inspector District II Artesia. Original chart retained by NMOCD. Copy of chart attached. Test performed by M&S Services.

This is a Federal 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 August 21, 2007

Type or print name Mary Jo Turner E-mail address: mjturner@forestoil.com Telephone No. (505) 392-9797  
For State Use Only

APPROVED BY: Richard Inge TITLE Compliance Officer DATE 9/4/2007  
Conditions of Approval (if any):