

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. 30-015-29685
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 Barclay Federal
8. Well Number 5
9. OGRID Number 8041
10. Pool name or Wildcat S. Livingston Ridge (Del)

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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator Forest Oil Corporation	DEC - 5 2008
3. Address of Operator 707 17 th Street, Suite 3600, Denver, Colorado	OCD-ARTESIA
4. Well Location Unit Letter: G 1980 feet from the North line and 1980 feet from the East line Section 12 Township 17S Range 31E NMPM County Eddy	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3487' GR	
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: Pump 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.

Pump Repair

8/6/2008 - RUPU, POH w/rods & pmp. Cups were inverted, had trouble getting it out of hole.
RIH w/2 1/2" X 1 3/4" X 26' pmp w/1' LS, 1-4' (1") sub, 26K shear tool, 3-4 (1") subs, 10 - 1 1/8" sinkerbars, 87 - 1" steel rods, 117 1/4" FG rods, 1-16' (1 1/4" FG) sub, 1 1/2" X 26' PR w/16' liner. Hung well on, RU pmp trk. Loaded tbg. & press. To 500 PSI w/pmp., OK RD pmp. Trk. BOP
8/7/08 - RDPU

ACCEPTED FOR RECORD

DEC 8 - 2008

Gerry Guye, Deputy Field Inspector
NMOCD-District II ARTESIA

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 Kelly Harris TITLE Regulatory Tech DATE 10-20-08

Type or print name Kelly-Harris E-mail address: kdharris@forestoil.com Telephone No. 303-812-1676

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____
Conditions of Approval (if any): _____