Submit 3 Copies To Appropriate Dist Office	rict State of New Me	State of New Mexico		Form C-103
District I	Energy, Minerals and Natu	ral Resources	WELL API NO.	June 23, 2009
1625 N. French Dr , Hobbs, NM 8824 District II		DIVIGION	30-0 1 5-28810	
1301 W. Grand Ave , Artesia, NM 88			5. Indicate Type of L	ease
<u>District III</u> 1000 Rio Brazos Rd, Aztec, NM 874	1220 South St. Francis Dr.		STATE 🗵	FEE
District IV 1220 S St Francis Dr., Santa Fe, NM	Santa Fe, NM 87505		6. State Oil & Gas L	ease No.
87505				
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			7. Lease Name or Ur	it Agreement Name
			Skelly	
PROPOSALS.)			8. Well Number #248	
Type of Well: Oil Well			9. OGRID Number	
Forest Oil Corporation			8041	
3. Address of Operator			10. Pool name or Wi	ldcat
707 17 th Street, Suite 3600, Denver, Colorado			Grayburg Jackson 7R V	'S QN GB SA (28509)
4. Well Location				
Unit Letter: P	1240' from the South	ine and1190'	from the <u>East</u> li	ne
Section 21	Township 17S Range 31E	NMPM	County Edd	у
A STATE OF THE PARTY OF THE PAR	11. Elevation (Show whether DR,	RKB, RT, GR, etc.		3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Pit or Below-grade Tank Application				
	undwaterDistance from nearest fresh w	otar wall Nic	tance from nearest surface t	vater
	mil Below-Grade Tank: Volume		onstruction Material	vater
Pit Liner Thickness:		the state of the s		
12. Che	ck Appropriate Box to Indicate N	ature of Notice,	Report or Other Da	ta
NOTICE O	F INTENTION TO:	SUB	SEQUENT REPO	RT OF:
PERFORM REMEDIAL WORK		REMEDIAL WOR		TERING CASING ☐
TEMPORARILY ABANDON	☐ CHANGE PLANS ☐		-	AND A
PULL OR ALTER CASING	☐ MULTIPLE COMPL	CASING/CEMEN	T JOB	
OTHER:		OTHER:	П	
OTTEN.	Ш	OTTLET.		
	completed operations. (Clearly state all ped work). SEE RULE 1103. For Multip			
6-24-09 POOH w/BHA. Perf the as a commingled Grayburg/7 R	he Grayburg Jackson. Perf the 7 Rivers. ivers producer.	Acidize Grayburg.	Frac treat 7 Rivers. Re	turn well to production
I further certify that any pit or below	ation above is true and complete to the be- y-grade tank has been/will be constructed or clo- lative OCD-approved plan .			permit □ or an
SIGNATURE WILL		egulatory Tech	DATE ()	4-09
Type or print name Kelly I	Iarris E-mail address: kdharr	ris@forestoil.com	Telephone No. 303	-812-1676
For State Use Only APPROVED BY:	TITLE	Goologis	T n	ATE 6/30/0-9
Conditions of Approval (if ank)	r III LE	- Control 3	уD.	7 00109