

District I
1625 N. French Dr., Hobbs, NM 88240
Phone:(505) 393-6161 Fax:(505) 393-0720
District II
1301 W. Grand Ave., Artesia, NM 88210
Phone:(505) 748-1283 Fax:(505) 748-9720
District III
1000 Rio Brazos Rd., Aztec, NM 87410
Phone:(505) 334-6178 Fax:(505) 334-6170
District IV
1220 S. St Francis Dr., Santa Fe, NM 87505
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

Form C-103
Permit74217

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: <input type="radio"/>		WELL API NUMBER 30-015-36255
		5. Indicate Type of Lease S
		6. State Oil & Gas Lease No.
2. Name of Operator FOREST OIL CORPORATION		7. Lease Name or Unit Agreement Name FOC B STATE
3. Address of Operator 707 17TH ST , , SUITE 3600 DENVER , CO 80202		8. Well Number 011
4. Well Location Unit Letter <u>O</u> : <u>80</u> feet from the <u>S</u> line and <u>1485</u> feet from the <u>E</u> line Section <u>16</u> Township <u>17S</u> Range <u>31E</u> NMPM <u>Eddy</u> County		9. OGRID Number 8041
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3814 GR		10. Pool name or Wildcat
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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE OF PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
Other:

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTER CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDON ☐
CASING/CEMENT JOB ☐
Other: **Spud** ☒

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.

5/4/2008 Spudded well.

4-27-08 Moving Rig

5-4-08 Spud well set Surf Pipe. 2" nipple broke off Conductor, return line filing cellar with fluid. Welder called to repair for resumed drilling.

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 Electronically Signed TITLE Sr. Regulatory Tech DATE 5/6/2008

Type or print name Cindy Bush E-mail address cabush@forestoil.com Telephone No. 303-812-1554

For State Use Only:

APPROVED BY: Tim Gum TITLE District Supervisor DATE 5/22/2008