

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. 30-015-29683-00-S1
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Barclay Federal
8. Well Number 2
9. OGRID Number 8041
10. Pool name or Wildcat Livingston Ridge

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	
3. Address of Operator 707 17 th Street, Suite 3600, Denver, Colorado	
4. Well Location Unit Letter: _____ feet from <u>660</u> line and <u>South</u> feet and <u>1780</u> from the <u>East</u> line Section <u>12</u> Township <u>23S</u> Range <u>31E</u> NMPM County <u>Eddy</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3500' GL	
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 <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: Rod Repair <input checked="" type="checkbox"/>
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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.

3-19-07 RU PU, unhang well head, bled well down, POH 1" body break
3-20-07 RIH fishing tool, w/rod's caught fish. POH pmp & rods replace 1" rod, RIH pmp & rods, hang wellhead.
3-21-07 RU pmp truck. Press tbgt to 500# didn't hold, long stroke w/PU, didn't pmp. POH rods it was parted @ shear tool.
POH rods RU fishing tool, RIH caught fish, POH rods & pmp.
3-22-07 PU pmp. RIH w/rod, RU hot oilier load tbgt w/29 bbls wtr to 500# held good. Rig down hot oilier, clean location RD
PU starting pumping unit.

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 Cindy Bush TITLE Sr. Regulatory Tech DATE 3-28-07

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

For State Use Only
APPROVED BY: **FOR RECORDS ONLY** TITLE _____ DATE **APR 04 2007**
Conditions of Approval (if any):