

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. 30-015-29236
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 230
9. OGRID Number 8041
10. Pool name or Wildcat Grayburg Jackson 7-R VS 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 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: <u>A</u> <u>1198</u> feet from the <u>North</u> line and <u>1296</u> feet from the <u>East</u> line Section <u>23</u> Township <u>17S</u> Range <u>31E</u> NMPM County <u>Eddy</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3879' 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: Tubing 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.

Tubing Repair

8/25/08 – Move rig to location. Spot rig RU PU, unhung unit head & LD PR & POH w/153 – ¾ rods, & 5 K-bars 1 ½., & LD pmp, ND WH & pick up on tbg, tbg was parted top jt. NU BOP & S.I. well, SION.
8/26/08 – Drove to Knight tool yard, pick up over shot tool, got to loc, pick up over shot tool & 2 jts 2 7/8 tbg, tag on top of fish, latch on, POH w/tbg, LD over shot & POH rest of tbg & clean out mud jt, RU tbg tester, test tbg BIH, replace 4 jts, RD tbg tester. ND BOP & NU WH & RHH rods & pmp & PR, PRL, space pmp hang unit head, start unit, good pump action, left unit running, SION.
8/27/08 – Check well if pumping, well was pumping good, RD PU clean loc. M.O.

ACCEPTED FOR RECORD

OCT 24 2008

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 OGD approved plan ☐.

SIGNATURE Kelly Harris TITLE Regulatory Tech DATE 10-13-08

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): _____