

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

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

JUL - 6 2009

Form C-103  
July 2, 2009

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-015-29694
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Forest Oil Corporation		6. State Oil & Gas Lease No.
3. Address of Operator 707 17 <sup>th</sup> Street, Suite 3600, Denver, Colorado		7. Lease Name or Unit Agreement Name Barclay Federal
4. Well Location Unit Letter: <u>P</u> <u>660'</u> from the <u>South</u> line and <u>660'</u> from the <u>East</u> line Section <u>12</u> Township <u>23S</u> Range <u>31E</u> NMPM County <u>Eddy</u>		8. Well Number #03
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3507' GR		9. OGRID Number 8041
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

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input checked="" 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"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input checked="" 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: <input 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.

PUMPS

6-1-2009 - Drove rig to Barclay Federal lease, spot rig S.I.  
6-2-2009 - RU PU unhung unit head, bleed csgrs down, pick up on rods unset pmp, LD PR, POH rods & LD pmp & send to R & R pmp, S.I., SION.  
6-3-2009 - Drive to location. Bleed well down, pick up rebuilt pmp RBIH w/50 1.5 k-bars, 188 1.25 FG & subs, replace shear tool 26-K, hang well load tbg w/30 bbls wtr, pres w/hot oiler to 500 psi hold good, good pmp action, RD PU clean loc, M.O.

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 7-2-09

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

For State Use Only

APPROVED BY: Jacqui Brewer TITLE Geobgistr DATE 7/9/09

Conditions of Approval (if any):