

Submit 5 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. 30-015-30066
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 NM-22080 Barclay Federal #15
8. Well Number 140
9. OGRID Number 8041
10. Pool name or Wildcat S. Livingston Ridge (Del)

<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.)	
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 <sup>th</sup> Street, Suite 3600, Denver, Co 80202	
4. Well Location Unit Letter <u>M</u> : <u>660</u> feet from the <u>West</u> line and <u>660</u> feet from the <u>South</u> line Section <u>1</u> Township <u>23S</u> Range <u>31E</u> NMPM Eddy County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,505' GL; 3,523' KB; Zero: 18' AGL	
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 type="checkbox"/> PLUG AND ABANDON <input checked="" 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 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"/>
---	---

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.

13-3/8", 40#, H-48 @870', Cmt'd w/650 sx (TOC Surf), 8-5/8" 32#, J-55 @4,455', Cmt'd w/1,300 sx (TOC @Surf), 5-1/2", 15.5#, K-55@8,450', Cmt'd w/775' sx (TOC@1,231')  
6200-6206, 6755-6764, 7055-7058, 7065-7069, 7383-7389, 7402-7409, 7502-7508'.

1. MIRU. POH w/rods and pump.
2. ND wellhead. NU BOP. Release TAC & POH w/tubing.
3. RIH and set cement retainer at +/-6,150'.
4. RIH w/stinger. RU cementer and squeeze w/250 sacks of cement. Pump 50' of cement on top of cement on top of cement retainer. POH w/stinger.
5. Perforate casing @4,500'.
6. RIH and set cement retainer at +/-4,450'.
7. RU cement company. Sting into cement retainer and squeeze with 75 sacks of cement. POH
8. RIH w/open ended tubing. Circulate and place cement to surface with 106 cubic feet. POH.
9. RDMO
10. Cut wellhead and casing. Place marker on well.

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 5-26-06  
Type or print name Cindy Bush E-mail address: cabush@forestoil.com Telephone No. 303-812-1554

**For State Use Only**

**Accepted for record**

APPROVED BY: \_\_\_\_\_ TITLE NMOCD DATE \_\_\_\_\_  
Conditions of Approval (if any): \_\_\_\_\_