

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. 30-015-05349
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 55
9. OGRID Number 8041
10. Pool name or Wildcat Grayburg Jackson 7-Rivers 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 type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Injection <input checked="" type="checkbox"/>	
2. Name of Operator Forest Oil Corporation	
3. Address of Operator 3504 NW County Road	
4. Well Location Unit Letter <u>M</u> : <u>660</u> feet from the <u>South</u> line and <u>660</u> feet from the <u>West</u> line Section <u>22</u> Township <u>17S</u> Range <u>31E</u> NMPM <u>Eddy</u> County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3822' DF	
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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER 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"/>	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.

10/08/07 MIRU Reeco Well Service. POH w/tbg.
10/09/07 ND WH. NU BOP. Release pkr. POH w/tbg. & 7" Perma-latch pkr.
10/10/07 RU tbg. tester. Test AD-1 pkr. on 2-3/8" tbg. RD testers. Set pkr. @ 3176' w/500 PSI for 30 min. Release pkr. Circulate 110 bbls. water w/pkr. fluid. Set pkr. @ 3176'. ND BOP. NU WH. SI well. RD unit.
10/12/07 Ran MIT test. Verbal ok by NMOCD - Gery Guye District II Artesia Office. Pressure csg. to 500 PSI for 30 min. Replace 7" AD-1 pkr. Set @ 3176'. (Original pressure chart attached)
10/13/07 Installed meter.
10/16/07 Return well to injection.

*This is a Federal 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 Mary Jo Turner TITLE Production Analyst DATE November 6, 2007

Type or print name Mary Jo Turner E-mail address: mjturner@forestoil.com Telephone No. (505) 392-9797
For State Use Only

APPROVED BY: Gerry Guye TITLE Compliance Officer DATE NOV 13 2007
Conditions of Approval (if any):

