

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD-ARTESIA

FORM APPROVED  
OMB NO 1004-0135  
Expires: July 31, 2010**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.*

S

**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other INJECTION		5. Lease Serial No. NMNM98122
2. Name of Operator FOREST OIL CORPORATION		6. If Indian, Allottee or Tribe Name
Contact: CINDY BUSH E-Mail: CABush@forestoil.com		7. If Unit or CA/Agreement, Name and/or No. SKELLY
3a. Address 707 17TH STREET SUITE 3600 DENVER, CO 80202	3b. Phone No (include area code) Ph: 303-812-1554	8. Well Name and No. SKELLY 60
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 21 T17S R31E 660FNL 1980FEL		9. API Well No. 30-015-05318
APR 15 2008 OCD-ARTESIA		10. Field and Pool, or Exploratory GRAYBURG, JACKSON 7 RIVER
		11. County or Parish, and State EDDY COUNTY, NM

## 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Deepen
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Fracture Treat
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Plug and Abandon
	<input type="checkbox"/> Plug Back
	<input type="checkbox"/> Production (Start/Resume)
	<input type="checkbox"/> Reclamation
	<input type="checkbox"/> Recomplete
	<input type="checkbox"/> Temporarily Abandon
	<input type="checkbox"/> Water Disposal
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Well Integrity
	<input checked="" type="checkbox"/> Other

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

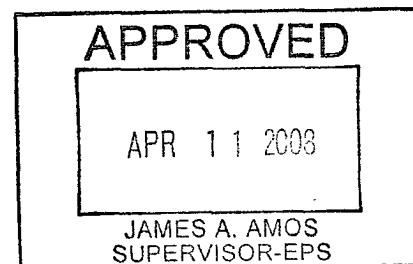
## Workover Procedure:

Cleanout, add perms, &amp; Acidize injection Well.

1. MIRU. NU BOPS. POOH w/tubing &amp; packer.

2. Clean out well to PBTD (3,301) as necessary. Sand in open hole 3,301' to 3,616'. Spot 5 sx cement in open hole at PBTD (3,301).

3. MIRU Wireline. Perf w/2spf correlated to Frontier Perforators Inc. log run on 1-01-58 as follows:



14. I hereby certify that the foregoing is true and correct. Electronic Submission #59564 verified by the BLM Well Information System For FOREST OIL CORPORATION, sent to the Carlsbad	
Name (Printed/Typed) CINDY BUSH	Title REGULATORY TECHNICIAN
Signature (Electronic Submission)	Date 04/10/2008

## THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____	Date _____
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.		Office _____

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

**\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\***  
**Accepted for record - NMOCD**

**Additional data for EC transaction #59564 that would not fit on the form**

**32. Additional remarks, continued**

3,059-3,064      3,079-3,090'

4. RIH w/tubing & packer. Set packer at +/-3,000'. Acidize perfs (3,059-3,090) and open hole, (3,091-3,464') w/12,000 gals 15% HCl in 4 separating stages w/rock salt.

5. Swab well

6. POOH w/tubing, packer.

7. RIH w/packer and injection tubing, set packer at +/- 3,000'. Load backside w/inhibited fluid.

8. Run integrity test per OCD regulations

9. Return to injection.

10. Run an injection profile on month after the well is returned to service.