Submit 3 Copie (iar District Office	State of New Mexico		Form C-103	
District I	Energy, Minerals and Natural Resources		May 27, 2004 WELL API NO.	
1625 N. French Dr., Hobbs, NM 88240 District II	OH GONGDDALLENON DAMAGON		30-015-05346	
1301 W. Grand Ave., Artesia, NM 88210 District III	OIL CONSERVATION DIVISION		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE FEE	
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505		6. State Oil & Ga	s Lease No.
87505	22,2222	1505631		
(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)	CES AND REPORTS ON WELLS SALS TO DRILL OR TO DEEPEN OR PLE CATION FOR PERMIT" (SORM C-101)	BACK TO SUICH	7. Lease Name or Skelly Unit  8. Well Number	Unit Agreement Name
	Gas Well Others Injection			
2. Name of Operator Forest Oil Corporation	SEAL OF THOLE	s'`	9. OGRID Number 8041	er
3. Address of Operator	/s, 0	- <del>1</del> 6/	10. Pool name or	Wildcat
3504 NW County Road	~11016	18L997		kson 7RVS QN GB SA
4. Well Location				
Unit Letter G: 1980	feet from the North line and 19		East line	
Section 22	Township 17S	Range 31E	NMPM 1	Eddy County
	11. Elevation (Show whether DR,	RKB, RT, GR, etc.)		
Pit or Below-grade Tank Application 🔲 o	3858' DF			
		otou well	fuore 1	
Pit typeDepth to GroundwaterDistance from nearest fresh water wellDistance from nearest surface water				
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material				
12. Check A	Appropriate Box to Indicate Na	ature of Notice, I	Report or Other	Data
NOTICE OF IN PERFORM REMEDIAL WORK  TEMPORARILY ABANDON PULL OR ALTER CASING	TENTION TO: PLUG AND ABANDON  CHANGE PLANS  MULTIPLE COMPL	SUBS REMEDIAL WORK COMMENCE DRIL CASING/CEMENT	_LING OPNS.□	PORT OF: ALTERING CASING ☐ PAND A ☐
OTHER:		OTHER: Tempora		
	eleted operations. (Clearly state all pork). SEE RULE 1103. For Multiple			
8/8/06 MIRU Reeco Well Service.	Set anchors. ND WH. NU BOP. F	Release pkr. & POH.	. SDFN	
8/9/06 RU Gray WL. Set CIBP @ in 30 min. Circulate pkr. flu	3095'. RD WL. RIH w/97 jts. 2-3/8 id. POH. LD tbg. ND BOP. NU.V		e tested casing to 50	00 PSI. Lost 10 PSI
9/25/06 Pressure tested casing to 52 original held by NMOCD.	0 PSI for 30 minutes w/a pressure d Performed by M&S Sevices/witness			
			Femporery Abendoned Sund 9-25-	
I hereby certify that the information grade tank has been/will be constructed or	above is true and complete to the be closed according to NMOCD guidelines	est of my knowledge , a general permit [] o	and belief. I furthe or an (attached) altern	r certify that any pit or belowative OCD-approved plan .
SIGNATURE May go Turner	TITLE Pro	oduction Analyst	DA	TE October 11, 2006
Type or print name Mary Jo Turner For State Use Only	E-mail address: mjturn	er@forestoil.com	Telephone No.	<u>(505) 392-9797</u>
brown a	bound	Gerry G		000/
APPROVED BY: / Olly	TITLE	Deputy Field		DATEOCT <b>2 0</b> 2006
Conditions of Approval (if any):	/	District II -	WIGHT	<del></del>
′ /				