

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

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

WELL API NO. 30-015-30065-00-S1
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 Barclay Federal
8. Well Number 14
9. OGRID Number 8041
10. Pool name or Wildcat S. Livingston Ridge Delaware

<p><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)</p>	
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, Colorado	
4. Well Location Unit Letter: <u>E</u> feet from the <u>1980</u> line and <u>North</u> feet and <u>660</u> from the <u>West</u> line Section <u>1</u> Township <u>23S</u> Range <u>31E</u> NMPM County <u>Eddy</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3467' GR	
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

<p><b>NOTICE OF INTENTION TO:</b></p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>		<p><b>SUBSEQUENT REPORT OF:</b></p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/></p> <p>CASING/CEMENT JOB <input type="checkbox"/></p> <p>OTHER: Rod Repair <input checked="" type="checkbox"/></p>	
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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.

Rod Repair

1-12-09 – Drove rig to location. RU PU pOH rods to body break 64 rods down 1.2 FG ND WH unset TAC POH 4 jts got to fluid, RU swab tools made two runs, POH 39 stands, got to body break, unset pmp POH to K-bars, SI due to high wind.  
1-13-09 - POH 10 k bars LD pmp, RBIH w/78 jts & replace 2 jts 2 7/8 tbg & 1.2 FG rod RBIH equipment hang well load tbg w/27 bbls press to 500 psi held good. Turn unit on run for 15 mins, started not pumping right left unit on 30% .  
1-14-09 – Well not pumping, respaced pump adding 5' sub, RDPU BOP

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 1-20-09

Type or print name Cindy Bush E-mail address: cabush@forestoil.com Telephone No. 303-812-1554  
**For State Use Only**

APPROVED BY: [Signature] TITLE District II Geologist DATE 3/5/09  
Conditions of Approval (if any):