

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

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

Form C-103

AUG 17 2009

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| 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.) | | WELL API NO. 30-015-32874 |
| 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> | | 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 2. Name of Operator Forest Oil Corporation | | 6. State Oil & Gas Lease No. |
| 3. Address of Operator 707 17 th Street, Suite 3600, Denver, Colorado 80202 | | 7. Lease Name or Unit Agreement Name State B |
| 4. Well Location Unit Letter: <u>O</u> <u>1310'</u> from the <u>South</u> line and <u>1330'</u> from the <u>East</u> line Section <u>16</u> Township <u>17S</u> Range <u>31E</u> NMPM County <u>Eddy</u> | | 8. Well Number 5 |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3838' GR | | 9. OGRID Number 8041 |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> | | 10. Pool name or Wildcat Grayburg Jackson SR-QN-GB-SA |
| 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:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
OTHER: ☐

SUBSEQUENT REPORT OF:
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☒
CASING/CEMENT JOB ☐
OTHER: Tubing Repair ☒

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.

Tubing Repair

6-17-2009 – Drove rig to location. RU PU unhung unit head, pick up on rods unseat pmp, POH rods & pmp, pmp barrel had small pitts corrosion, ND WH NU BOP, POH 100 jt 2 3/8 tbg, S.N., 4' x 2 3/8 perf sub, 1 – mud jt w/BP.

RU tbg tester test tbg BIH, tally tbg, found bad S.N. & 1 jt w/hole 30 jts above S.N. RD tbg tester, S.I. well. SION. Drove home.

6-18-2009 – Went to yard & picked up 1 jt, & drove to location. Open well, it was gasing H2s, call for pmp trk, pmp 15 bbls wtr, stop gasing RBIH 1 – jt, ND BOP, NU WH, pick up pmp RBIH w/rods, hang well load tbg w/12 bbls, long stroke well good pmp action, RD PU clean loc. M.O. left unit down no power, Central Valley CO. will repair line.

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 Kelly Harris TITLE Regulatory Tech DATE 8-11-2009

Type or print name Kelly Harris E-mail address: kharris@forestoil.com Telephone No. 303-812-1676

For State Use Only
APPROVED BY: RDade TITLE Dist #2 Supervisor DATE 8/18/09

Conditions of Approval (if any):