CONDITIONS OF APPROVAL, IF ANY:

State of New Me

| Submit 3 Copies<br>to Appropriate<br>District Office  | P.O. Box 2088<br>Santa Fe. New Mexico 87504-2088                    |  | Form C-103<br>Revised 1-1-89   |
|---|---|--|--|
| DISTRICT I P.O. Box 1980, Hobbs, NM 88240  DISTRICT II P.O. Drawer DD, Artesia, NM 88210  |   |  | WELL API NO. 30-025-28434  |
| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410   |   |  | 5. Indicate Type of Lease  STATE  FEE X  6. State Oil & Gas Lease No.  0 2 6 4 6 9 |
| 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.) |   |  | 7. Lease Name or Unit Agreement Name   |
| 1. Type of Well: OIL GAS WELL X WELL  | OTHER   |  | B Lee State  |
| 2. Name of Operator Forest Oil Corpo:   | ration  |  | 8. Well No. 7  |
| 3. Address of Operator P.O. Box 1916, M.  | idland, Texas 797   | 02                                     | 9. Pool name or Wildcat<br>Scharb (Bone Spring)                                    |
| 4. Well Location  | O Feet From The North   | 66                                     | O Feet From The East Line  |
| Section 5   | Township 19S 10. Elevation (Show whether                            | Range 35E<br>er DF, RKB, RT, GR, etc.) | NMPM Lea County  |
| Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:   |   |  |  |
| PERFORM REMEDIAL WORK   | PLUG AND ABANDON  | REMEDIAL WORK                          | ALTERING CASING  |
| TEMPORARILY ABANDON XX  | CHANGE PLANS  | COMMENCE DRILLING                      | OPNS. PLUG AND ABANDONMENT   |
| PULL OR ALTER CASING  | L OR ALTER CASING CASING TEST AND C                                 |  | MENT JOB   |
| OTHER:  |   | OTHER:                                 |  |
| work) SEE RULE 1103.  | tions (Clearly state all pertinent details, $ ho$ produce due to de |  | r pump failure.  |
| Uneconomic to   | repair at this tin  | ne.                                    |  |
|   |   |  |  |

| I hereby certify that the information shove is true and complete to the best of my knowle       | xige and belief. |                            |
|---|------------------|----------------------------|
| SIGNATURE Kil Bith  |                  | DATE1/6/89                 |
| TYPEOR PRINT NAME Rick Bertschinger   |                  | тецерноме но. 915-688-1916 |
| (This space for State Use)  ORIGINAL SIGNED BY JERRY SEXTON  APPROVED BY  DISTRICT   SUPERVISOR | — TITLE          | — DATE — JAN DE TOUR       |

TA lipines 1-1-90

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