

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Conservation Division  
811 S. 1st Street  
Artesia, NM 88210-2834

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir  
Use "APPLICATION FOR PERMIT—" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Forcenergy Inc

3. Address and Telephone No.

P.O. Box 309, McCook, NE 69001 (308) 345-2480

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' FSL & 760' FWL

NWSW Sec. 25-24S-29E

5. Lease Designation and Serial No.

NM061P3587C406

6. If Indian, Allottee or Tribe Name

NM-59386

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Owen Mesa 25 Fed Com #1

9. API Well No.

30-015-25593

10. Field and Pool, or Exploratory Area

Owen Mesa (Atoka)

11. County or Parish, State

Eddy County, NM

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

TYPE OF SUBMISSION

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

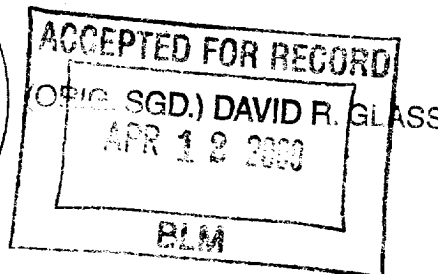
TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other Ran 1 1/2" Coiled Tubing  
☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Work completed 03/24/2000, 03/28/2000

Ran 1 1/2" coiled tubing to 12692'. Used total of 97,000 SCF N2 includes cool down. Pumped total of 67,000 SCF N2. CT cap 15.7 bbls. or 11,900 SCF N2. CT annulus cap. 66.1 bbls. or 28,800 SCF N2. Returned well to production.



14. I hereby certify that the foregoing is true and correct

Signed

Title Production Superintendent

Date

04/06/00

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: