

Submit 1 Copy To Appropriate District
Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

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

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. 30-025-07152 ✓
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Special Energy Corporation		6. State Oil & Gas Lease No.
3. Address of Operator P.O. Drawer 369, Stillwater, OK 74076		7. Lease Name or Unit Agreement Name Clovis K Kendrick ✓
4. Well Location Unit Letter I : 1980 feet from the South line and 660 feet from the East line Section 06 Township 12S Range 38E NMPM 6 County Lea		8. Well Number 01 ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3872 GL		9. OGRID Number 138008 ✓
		10. Pool name or Wildcat Gladiola; Devonian

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 ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
Bradenhead test to extend TA status of well ☒
OTHER: ☒

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1-29-19 Special Energy performed a Bradenhead test to test the casing and extend the temporary abandonment status of the Clovis Kendrick #1. The Bradenhead test report witnessed and signed by Gary Robinson. A copy of the test chart is also attached.

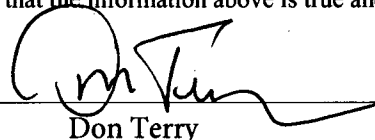
This Approval of Temporary
Abandonment Expires 1/29/2021

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE


Don Terry

TITLE Operations Mgr/Engineer

DATE 1-29-2019

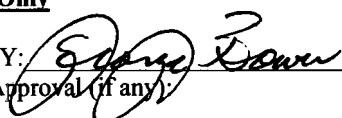
Type or print name

E-mail address: don.terry@specialenergycorp.com

PHONE: 405-377-1177

For State Use Only

APPROVED BY:



TITLE Compliance Supervisor

DATE 2/4/2019

Conditions of Approval (if any):

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name <i>Special Energy</i>		API Number <i>30-025-07152</i>
Property Name <i>Cloveris Kendrick</i>		Well No. <i>#1</i>

Surface Location

UL - Lot <i>I</i>	Section <i>6</i>	Township <i>12S</i>	Range <i>38E</i>	Feet from <i>1980</i>	N/S Line <i>S</i>	Feet from <i>660</i>	E/W Line <i>E</i>	County <i>LEA</i>
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Well Status

TA'D WELL <input checked="" type="checkbox"/> YES	NO	SHUT-IN <input checked="" type="checkbox"/> YES	NO	INJ	INJECTOR SWD	PRODUCER <input checked="" type="checkbox"/> OIL	GAS	DATE <i>1-29-19</i>
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OBSERVED DATA

	(A) Surface	(B) Intermit 1	(C) Intermit 2	(D) Prod Csg	(E) Tubing
Pressure	<i>0</i>	<i>N/A</i>	<i>N/A</i>	<i>0</i>	<i>NONE</i>
Flow Characteristics					
Pull	<i>Y/O</i>	<i>Y/N</i>	<i>Y/N</i>	<i>0/N</i>	CO ₂ —
Steady Flow	<i>Y/O</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/O</i>	WTR — <input checked="" type="checkbox"/>
Surges	<i>Y/O</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/O</i>	GAS —
Down to nothing	<i>0/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>0/N</i>	Type of fluid Inferred by Maximum of applies
Gas or Oil	<i>Y/O</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/O</i>	
Water	<i>Y/O</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/O</i>	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

T/A TEST

Signature:		OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS <i>MR</i>
Title:		Re-test
E-mail Address:		
Date:	Phone:	
Witness: <i>Ray Robinson</i>		

575-399-3220

INSTRUCTIONS ON BACK OF THIS FORM