

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

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

Form C-103  
Revised August 1, 2011

<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.)		WELL API NO. 30-025-11942
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <u>IWS</u>		5. Indicate Type of Lease STATE FEE FEDERAL
2. Name of Operator SPECIAL ENERGY CORP.		6. State Oil & Gas Lease No.
3. Address of Operator P.O. DRAWER 369, STILLWATER, OK 74076		7. Lease Name or Unit Agreement Name FARNSWORTH 4
4. Well Location Unit Letter: <u>F</u> : 1980 feet from the NORTH line and 2310 feet from the WEST line Section <u>04</u> Township 26S Range 37E NMPM LEA County		8. Well Number 007
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2,991.8' - GR		9. OGRID Number 138008
		10. Pool name or Wildcat SWD; SEVEN RIVERS-QUEEN

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: FIVE (5) YEAR M.I.T. <input checked="" type="checkbox"/>	

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.

02/07/18: FIVE (5) YEAR M.I.T.; NOTIFIED NMOCD OF TEST; PRESSURED UP ON 4-1/2" CASING TO 380# AND HELD FOR 32 MINS; HELD OK; TEST WITNESSED BY NMOCD - GEORGE BOWER.

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 David A. Eyler TITLE: AGENT

DATE: 02/21/18

Type or print name: DAVID A. EYLER

E-mail address: DEYLER@MILGRO-RES.COM PHONE: 432.687.3033

For State Use Only

APPROVED BY: George Bower  
Conditions of Approval (if any):

TITLE Compliance Officer DATE 2/23/18