

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

HOBBS OCD
FEB 23 2018
RECEIVED

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

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. 30-025-11942 ✓
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <i>IWS</i>		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: <i>F</i> : 1980 feet from the NORTH line and 2310 feet from the WEST line Section <i>04</i> 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

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

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. Eyer* 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* TITLE *Compliance Officer* DATE *2/23/18*
 Conditions of Approval (if any): *DB*