

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

JAN 02 2019
RECEIVED
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505
NOBIS OGD

WELL API NO. 30-025-30255
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Yates State
8. Well Number 2
9. OGRID Number 138008
10. Pool name or Wildcat Gladiola Wolfcamp
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3835.6 GL

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-10) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other

2. Name of Operator Special Energy Corporation

3. Address of Operator P.O. Drawer 369, Stillwater, OK 74076

4. Well Location
Unit Letter **H** : **2310** feet from the **North** line and **330** feet from the **East** line
Section **16** Township **12S** Range **38E** NMPM County **Lea**

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	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"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input 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.

Repairs and workover to restore production:
12/18/18 Well SI w/ 200psi on casing, TP - 0psi, Hook up up flowline to Seperator. Open well to Sep. Blew down csg to 100 psi. Started PU. Rod stacking out 6" short.

12/19/18 Pick up rod clamp. Installed rod clamp to PR, spotted in Frac tank. Ran flowline to frac tank. Start up PU@11:30 am. Well pump up in 45 min. Filled Sep and flowlines. Fluid hit frac at 1:30 pm. Well running 7 spm @ 100" stroke.

12/20/18 18 hrs pumping, Recovered 5 BO, 47 BW

12/21/18 Recovered 12 BO, 48 BW

Spud Date: **3-18-88**

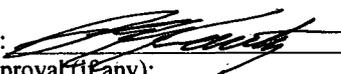
Rig Release Date: **3-25-88**

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

SIGNATURE  TITLE Operations Mgr/Engineer DATE 12/26/18

Type or print name Don Terry E-mail address: don.terry@specialenergycorp.com PHONE: 405-377-1177

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APPROVED BY:  TITLE Petroleum Engineer DATE 01/02/19
Conditions of Approval (if any):