Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103	
District I – (575) 393-6161	Energy, Minerals and Natural Resources		Revised August 1, 2011 WELL API NO.	
District II – (575) 748-1283	125 N. French Dr., Hobbs, NM 88240 15trict II – (575) 748-1283 11 S. First St., Artesia, NM 88210 15trict III – (505) 334-6178 100 Rio Brazos Rd., Azira Ma 87410 100 Rio Brazos Rd., Azira Ma 87410		30-025-07115	
811 S. First St., Artesia, NM 88210			5. Indicate Type of I	
District III - (505) 334-6178 1000 Rio Brazos Rd., Aziro M 87410 District IV - (505) 476-3460  2018  1220 South St. Francis Dr. Santa Fe, NM 87505			STATE	FEE X
District III – (505) 334-6178 1000 Rio Brazos Rd., Azzlanda 87410 District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505  SUNDRY NOTES AND REPORTS ON WELLS		7505	6. State Oil & Gas L	ease No.
87505			7 1 N 11	• • • • • • • • • • • • • • • • • • • •
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Un	nit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			GLAD WALLACE	
PROPOSALS.)  1. Type of Well: Oil Well X Gas Well Other			8. Well Number	
			002	
2. Name of Operator SPECIAL ENERGY CORP.			9. OGRID Number 138008	
3. Address of Operator			10. Pool name or Wildcat	
P.O. DRAWER 369, STILLWATER, OK 74076			GLADIOLA; DEVO	NIAN
4. Well Location				
Unit Letter J: 1650 feet from the SOUTH line and 1650 feet from the EAST line				
Section 31	Township 11S		38E NMPM	LEA County
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
	3,885' - G	R	ne da	
12 01 - 1- 4			0 O4l D-	4
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUB			SEQUENT REPO	ORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR				TERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI				
PULL OR ALTER CASING MUDOWNHOLE COMMINGLE	JLTIPLE COMPL	CASING/CEMENT	JOB 🗆 🛧	
BOWNINGER GOWNWINGER				
OTHER:		<del></del>	D AND ABANDONED	
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.				
12/14/18: PUMP 40 SXS. CMT. @ 11,900'-11,580' (PER OCD); CIRC. WELL W/ M.L.F.				
12/15/18: PUMP 25 SXS. CMT. @ 9,127'-8,937'; PUMP 25 SXS. CMT. @ 7,865'-7,695'; PUMP 25 SXS. CMT. @ 4,480'-4,266'; PUMP 55 SXS. CMT. @ 4,480'; WOC.				
12/16/18: TAG CMT. PLUG @ 4,152'; PUMP 90 SXS. CMT. @ 3,079'; WOC X TAG CMT. PLUG @ 2,816'; PUMP 70 SXS.				
CMT. @ 2,385'; WOC.				
12/17/18: TAG CMT. PLUG @ 2,188'; PUMP 40 SXS. CMT. @ 385'; WOC X TAG CMT. PLUG @ 280'; MIX X CIRC. TO SURF.,				
FILLING ALL ANNULI, 20 SXS. CMT. @ 63'-3'. 12/18/18: DIG OUT X CUT OFF WELLHEAD 3' B.G.L.; VERIFY CMT. TO SURF. ON ALL ANNULI; WELD ON STEEL PLATE				
TO CSGS. X INSTALL DRY HOLE MARKER.				
				•
				1
Spud Date: MIRU: 12/10/18	Rig Release Da	ate: RDMO: 12/1	18/18	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
~ ~ /				
SIGNATURE JOHN	TITLE: AGI	ENT	DATE	: 12/19/18
SIGINIUM JOHN	TIDE. NO.			
Type or print name: DAVID A. EYLER E-mail address: DEYLER@MILAGRO-RES.COM PHONE: 432.687.3033				
For State Use Only				
APPROVED BY: Kerry For	men TITLE Com	pliance () 11.	ices A DATE	1-3-18
Conditions of Approval (if any):	iiill Will	) The second	DATE	