

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

HOBBS
 DIVISION
 RECEIVED

WELL API NO.	30-025-07152
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	Clovis K Kendrick
8. Well Number	01
9. OGRID Number	138008
10. Pool name or Wildcat	Gladiola; Devonian
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	3872 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-101) 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 I : 1980 feet from the South line and 660 feet from the East line
 Section 06 Township 12S Range 38E NMPM 6 County Lea

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"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <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: Bradenhead test to extend TA status of well <input checked="" type="checkbox"/>	
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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.

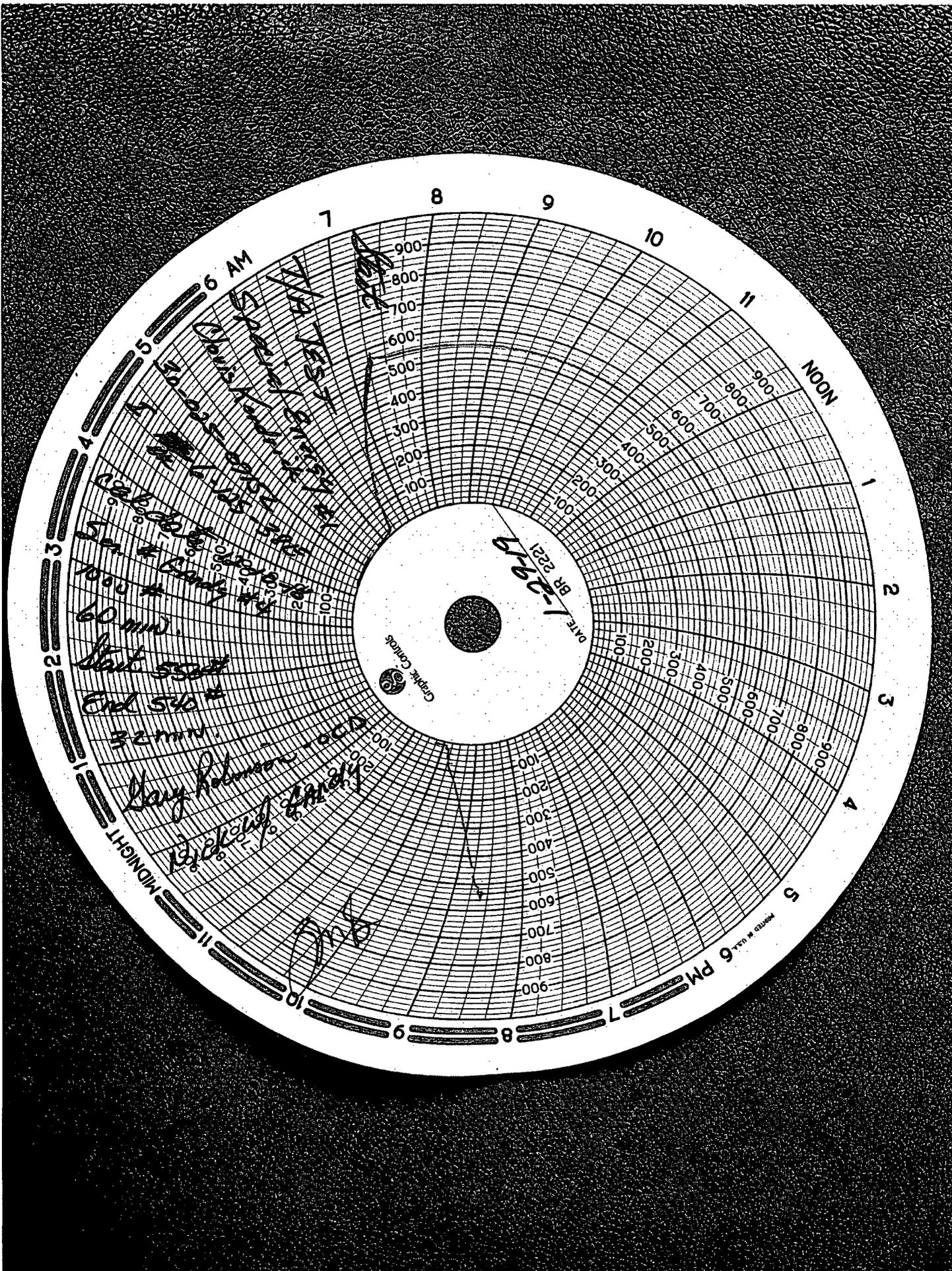
This Approval of Temporary
 Abandonment Expires 1/29/2021

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

For State Use Only
 APPROVED BY: [Signature] TITLE Compliance Supervisor DATE 2/4/2019
 Conditions of Approval (if any):



District I
 1625 N. French Dr., Hobbs, NM 88240
 Phone: (575) 393-6161 Fax: (575) 397-0720

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>Clovis Kendrick</i>	Well No. <i>#1</i> ✓

1. Surface Location

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

Well Status

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

	(A)Surface	(B)Interm1	(C)Interm2	(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>O/N</i>	CO2 —
Steady Flow	<i>Y/O</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/O</i>	WTR — ✓
Surges	<i>Y/O</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/O</i>	GAS —
Down to nothing	<i>O/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>O/N</i>	Type of fluid Inj or Prod Max Prod if applicable
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