

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

WELL API NO. 30-025-07153
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 2
9. OGRID Number 38008
10. Pool name or Wildcat GLADIOLA; DEVONIAN

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
PO DRAWER 369 STILLWATER, OK 74076

4. Well Location
 Unit Letter P : 660 feet from the SOUTH line and 660 feet from the EAST line
 Section 6 Township 12S Range 38E NMPM LEA County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3872' GL

HOBBS OGD
 MAR 13 2020
 RECEIVED

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 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: RE TA <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.

3/6/20: PRES TEST CSG W/ GARY ROBINSON OF NMOCD TO 550#. WELL HELD FOR 30 MINUTES.

SPECIAL ENERGY CORP. RESPECTFULLY REQUEST TEMPORARY ABANDON STATUS FOR THE CAPTIONED WELL FOR A PERIOD OF TWO (2) YEARS, WITH ANNUAL MIT'S, WHILE SEC EVALUATES THE SECONDARY OIL RECOVERY.

FINAL TA STATUS- EXTENSION

Approval of TA EXPIRES: 9-6-20
 Well needs to be PLUGGED OR RETURNED
 to PRODUCTION
 BY THE DATE STATED ABOVE: XZ

Spud Date: _____

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

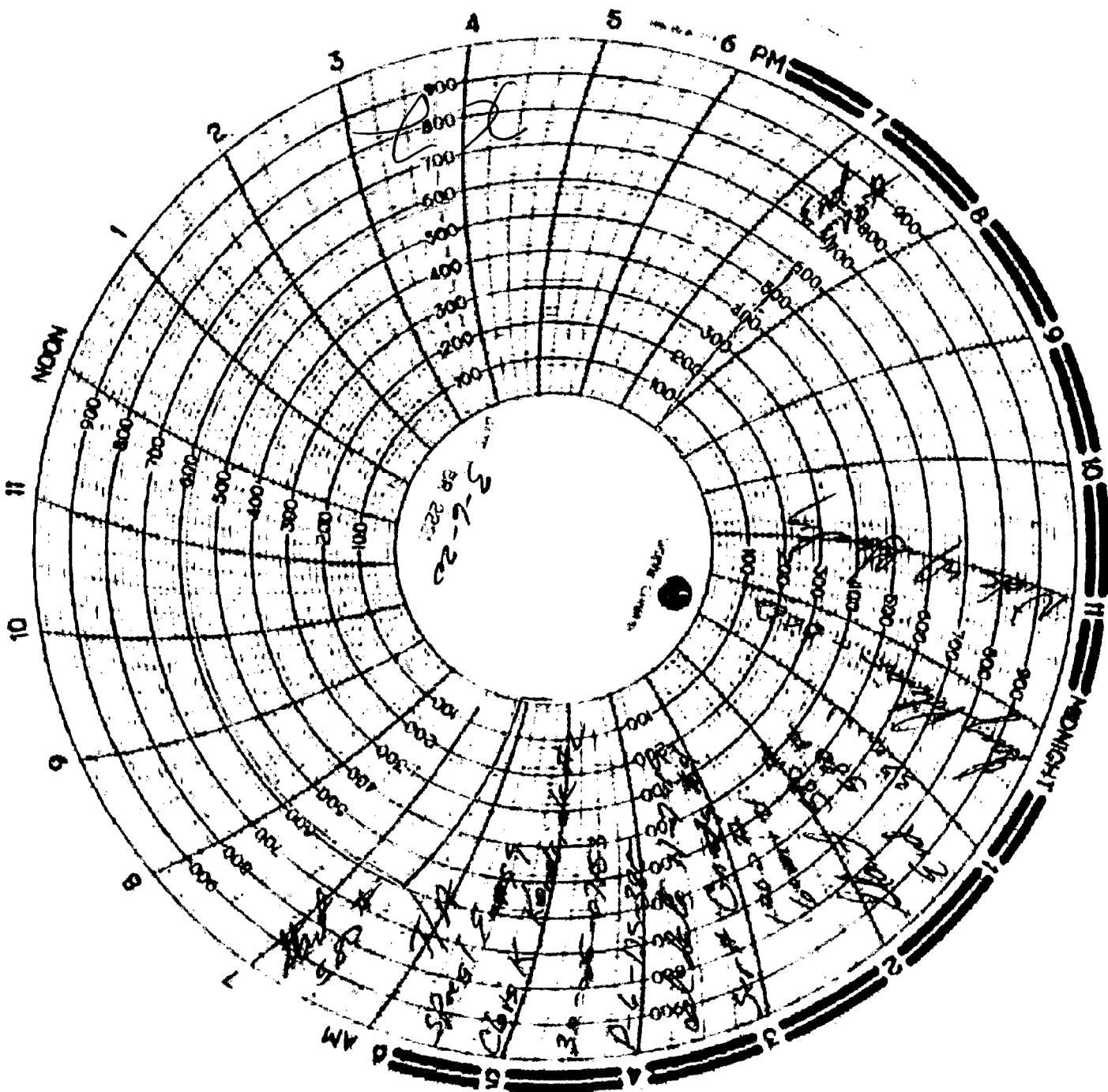
SIGNATURE [Signature] TITLE PETROLEUM ENGINEER DATE 3/10/20

Type or print name Clark Cunningham E-mail address: clark.cunningham@specialenergycorp.com PHONE: 405.377.1177

For State Use Only

APPROVED BY: [Signature] TITLE CO DATE 3-27-20

Conditions of Approval (if any): _____



State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name Special Energy		API Number 30-025-07153	
Property Name Cloris K Kendrick		Well No. #2	

1. Surface Location

U.L. Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
P	6	12S	38E	660	S	660	E	LEA

Well Status

T.A'D WELL		SHUT-IN		INJECTOR		PRODUCER		DATE
YES	<input checked="" type="radio"/> NO	YES	<input checked="" type="radio"/> NO	INJ	SWD	<input checked="" type="radio"/> OIL	GAS	3-6-20

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	0	0		0	None
Flow Characteristics					
Puff	Y/N	Y/N	Y/N	Y/N	CO2
Steady Flow	Y/N	Y/N	Y/N	Y/N	WTR
Surges	Y/N	Y/N	Y/N	Y/N	GAS
Down to nothing	Y/N	Y/N	Y/N	Y/N	Type of Fluid
Gas or Oil	Y/N	Y/N	Y/N	Y/N	Exposed to
Water	Y/N	Y/N	Y/N	Y/N	Waterhead if
					any data

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

T/A

Signature		OIL CONSERVATION DIVISION	
Printed name.		Entered into RBDMS	
Title		Re-test	
E-mail Address.			
Date	Phone		
	Witness: Clay Johnson		

INSTRUCTIONS ON BACK OF THIS FORM