

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

HOBBSOCD

JAN 14 2015

FORM APPROVED
OMB NO. 1004-0137
Expires: October 31, 2014

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other b. Type of Completion: <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Work Over <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Diff. Resvr., Other: _____						5. Lease Serial No. NMNM 106916			
2. Name of Operator Regeneration Energy Corp.						6. If Indian, Allottee or Tribe Name			
3. Address PO Box 210 Artesia NM 88210						3a. Phone No. (include area code) 575 736 3535			
4. Location of Well (Report location clearly and in accordance with Federal requirements)* 190' FSL 330' FWL, Lot 4 At surface At top prod. interval reported below At total depth 350' FNL 368' FWL, Lot 1 <i>KZ</i>						8. Lease Name and Well No. E. Livingston 31 federal #6H 9. API Well No. 30-025-41926 10. Field and Pool or Exploratory Livingston ridge, Bone spring 11. Sec., T., R., M., on Block and Survey or Area 31 T22S R32E 12. County or Parish LEA 13. State NM			
14. Date Spudded 11/29/2014		15. Date T.D. Reached 12/16/2015		16. Date Completed 11/11/2013 <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod.		17. Elevations (DF, RKB, RT, GL)* 3490' GR			
18. Total Depth: MD 14802' TVD 10274'		19. Plug Back T.D.: MD 14800' TVD 10274'		20. Depth Bridge Plug Set: MD TVD		22. Was well cored? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Was DST run? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit report) Directional Survey? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Submit copy)			
21. Type Electric & Other Mechanical Logs Run (Submit copy of each) None									
23. Casing and Liner Record (Report all strings set in well)									
Hole Size	Size/Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sks. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
17 1/2"	13 3/8" J55	54.5#	0	840'		650 SX		0	none
12 1/4"	9 5/8" J55	40#	0	5085'		1350SX		0	none
7 7/8"	5 1/2"	17#	0	13021'		2400 SX		0	none
24. Tubing Record									
Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	
25. Producing Intervals									
Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status			
A) Bone Spring	8410	11849	11010-14640	0.43	468	Open			
B)									
C)									
D)									
26. Perforation Record									
27. Acid, Fracture, Treatment, Cement Squeeze, etc.									
Depth Interval				Amount and Type of Material					
See Attached				See Attached					
28. Production - Interval A									
Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
1/2/14	1/12/14	19	→	169	200	1710			Flowing
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
20/64		2100#	→	213	0	2160		Producing	
28a. Production - Interval B									
Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
			→						

*(See instructions and spaces for additional data on page 2)

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28b. Production - Interval C

Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate →	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	

28c. Production - Interval D

Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate →	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	

29. Disposition of Gas (Solid, used for fuel, vented, etc.)

30. Summary of Porous Zones (Include Aquifers):

Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

31. Formation (Log) Markers

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top
					Meas. Depth
Bone Spring	8410	11849		Top of Salt	1170
				Fletcher Anhydrite	4260
				Delaware	4500
				Bone Spring	8410

32. Additional remarks (include plugging procedure):

33. Indicate which items have been attached by placing a check in the appropriate boxes:

- ☐ Electrical/Mechanical Logs (1 full set req'd.)
 ☐ Geologic Report
 ☐ DST Report
 ☒ Directional Survey
☐ Sundry Notice for plugging and cement verification
 ☐ Core Analysis
 ☐ Other:

34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions)*

Name (please print) william millerTitle landmanSignature Date 01/12/2015

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Continued on page 3)

(Form 3160-4, page 2)

E. livingston 31 federal #6H
30-025-41926
Sec. 31 T22S R32E

<u>Perforations</u>	<u>7.5% Acid (Gal)</u>	<u>Sand</u>	<u>Fluid (Gal)</u>
14469-14640	5500	450171	423011
14167-14338	5500	450967	354089
13864-14035	5500	450000	353312
13562-13733	5500	449203	354216
13259-13430	5500	424527	349191
12957-13128	5500	449532	352011
12654-12825	5500	449554	351635
12352-12523	5500	451440	352446
12049-12220	5500	447974	351042
11747-11918	5500	451342	352582
11444-11615	5500	448290	358110
11142-11313	5500	453314	350851
10839-11010	5500	465544	353926

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HOBBS OCD

FEB 26 2015

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RECEIVED

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b. Type of Completion: <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Work Over <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Diff. Resvr., Other: _____						6. If Indian, Allottee or Tribe Name			
2. Name of Operator Regeneration Energy Corp.						7. Unit or CA Agreement Name and No.			
3. Address PO Box 210 Artesia NM 88210				3a. Phone No. (include area code) 575 738 3535		8. Lease Name and Well No. E. Livingston 31 federal #6H			
4. Location of Well (Report location clearly and in accordance with Federal requirements)* 190' FSL 330' FWL, Lot 4 At surface						9. API Well No. 30-025-41926			
At top prod. interval reported below						10. Field and Pool or Exploratory Livingston ridge; Bone spring			
At total depth 350' FNL 368' FWL, Lot 1						11. Sec., T., R., M., on Block and Survey or Area 31 T2S R32E			
14. Date Spudded 11/29/2014		15. Date T.D. Reached 12/16/2014		16. Date Completed 01/11/2015 <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod.		17. Elevations (DF, RKB, RT, GL)* 3490' GR		12. County or Parish LEA	
18. Total Depth: MD 14802' TVD 10274'		19. Plug Back T.D.: MD 14800' TVD 10274'		20. Depth Bridge Plug Set: MD TVD		13. State NM			
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Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	
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Formation	Top	Bottom	26. Perforation Record						
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B)			11010-14640		0.43	468	Open		
C)									
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27. Acid, Fracture, Treatment, Cement Squeeze, etc.									
Depth Interval		Amount and Type of Material							
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Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
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28a. Production - Interval B									
Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
			→						

*(See instructions and spaces for additional data on page 2)

28b. Production - Interval C									
Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate →	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	

28c. Production - Interval D									
Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate →	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	

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				Delaware	4500
				Bone Spring	8410

32. Additional remarks (include plugging procedure):

33. Indicate which items have been attached by placing a check in the appropriate boxes:

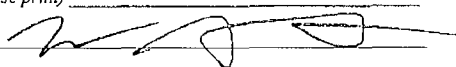
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 ☐ DST Report
 ☒ Directional Survey
☐ Sundry Notice for plugging and cement verification
 ☐ Core Analysis
 ☐ Other:

34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions)*

Name (please print) William Miller

Title landman

Signature



Date 01/13/2015

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(Form 3160-4, page 2)

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30-025-41926

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11142-11313	5500	453314	350851
10839-11010	5500	465544	353926