| Submit 1 Copy To Appropriate District<br>Office  | State of New Mexico        |           |                     |  | Form C-103                 |  |
|--|----------------------------|-----------|---------------------|--|----------------------------|--|
| District 1 - (575) 393-6161  | Energy, Minerals as        | nd Natu   | ral Resources       |  | Revised July 18, 2013      |  |
| 1625 N. French Dr., Hobbs, NM 88240  |                            |           | WELL API NO.        |  |                            |  |
| District II - (575) 748-1283   | OIL CONSERVATION DIVISION  |           |                     | 30-025-41841   |                            |  |
| 811 S. First St., Artesia, NM 88210<br>District III - (505) 334-6178   | 1220 South St. Francis Dr. |           |                     | <ol><li>Indicate Type</li></ol>  |                            |  |
| 1000 Rio Brazos Rd., Aztec, NM 87410   | Santa Fe, NM 87505         |           |                     |  |                            |  |
| <u>District IV</u> – (505) 476-3460  | Santa Fe,                  | NM 8      | /303                | 6. State Oil & C   | as Lease No.               |  |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505   |                            |           |                     | LG-1208  |                            |  |
|  | ES AND REPORTS ON          | WELLS     |                     | 7. Lease Name  | or Unit Agreement Name     |  |
| (DO NOT USE THIS FORM FOR PROPOSA  |                            |           |                     | ,,   |                            |  |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH  |                            |           |                     | Try Try Again  |                            |  |
| PROPOSALS.)  1. Type of Well: Oil Well Gas Well Other  |                            |           |                     | 8. Well Number   | 1H                         |  |
|  |                            |           |                     | 9. OGRID Number  |                            |  |
| 2. Name of Operator  |                            |           |                     |  | 280240                     |  |
| Regeneration Energy Corp.  3. Address of Operator  |                            |           |                     | 10. Pool name or Wildcat   |                            |  |
| PO Box 210   |                            |           |                     | Antelope Ridge/Bone Spring   |                            |  |
|  |                            |           |                     | Allielope Kidge  | bolle opting .             |  |
| 4. Well Location   |                            |           |                     |  |                            |  |
| Unit Letter M:   | _230feet from the          | _South_   | line and380         | feet from the  | _Westline                  |  |
| Section 23   | Township 23S               | Ra        | ange 34E            | NMPM   | Lea County                 |  |
|  | 11. Elevation (Show whe    | ther DR   | , RKB, RT, GR, etc. |  |                            |  |
|  | 3416' GL                   | 1116      |                     |  |                            |  |
|  |                            |           |                     |  |                            |  |
| 12 Check Ar  | propriate Box to Ind       | icate N   | ature of Notice     | Report or Othe   | r Doto                     |  |
| 12. Check A  | propriate box to mu        | icaic iv  | ature of Notice,    | Report of Othe   | Data                       |  |
|  | ,                          |           | SUB                 | SEQUENT RE   | PORT OF:                   |  |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK   |                            |           |                     | The state of the s | ALTERING CASING            |  |
|  |                            |           |                     | ILLING OPNS.   | P AND A                    |  |
|  | MULTIPLE COMPL             | ă         | CASING/CEMEN        | The state of the s |                            |  |
| DOWNHOLE COMMINGLE   | MOLINI EL COMI E           | _         | ONO INCIDITION      | 1005   |                            |  |
| CLOSED-LOOP SYSTEM   |                            |           |                     |  |                            |  |
| OTHER:   |                            |           | OTHER:              | Comletion  | $\boxtimes$                |  |
| 13. Describe proposed or comple  | ted operations. (Clearly   | state all |                     |  |                            |  |
| of starting any proposed work  |                            |           |                     |  |                            |  |
| proposed completion or recor   |                            |           |                     |  |                            |  |
|  | •                          |           |                     |  |                            |  |
| 10/27/2015 Frac 3rd Bone Spring Sand   | 1 from 11852' MD to 157    | 725' MD   | . 570 holes. Frac   | in 15 stages w/ 566  | 52937 gal of SW, w/ 39,16' |  |
| gals 15% acid, 4062588# 100 mesh sa  | nd 2448042# 30/60 cera     | mic       |                     |  |                            |  |
|  |                            |           |                     |  |                            |  |
| 10/29/2015 Put well on production  | *                          |           |                     |  |                            |  |
|  |                            |           |                     |  |                            |  |
|  |                            |           |                     |  |                            |  |
|  |                            |           |                     |  |                            |  |
|  |                            |           |                     |  |                            |  |
|  |                            |           |                     |  |                            |  |
| the state of the s |                            |           |                     |  |                            |  |
| S1 D-1 12/26/2014  | n: n                       |           | 1/22/2015           |  |                            |  |
| Spud Date: 12/20/2014  | Kig Ke                     | elease Da | ate:                |  |                            |  |
|  |                            |           | -                   |  | _                          |  |
|  |                            |           |                     |  |                            |  |
| I hereby certify that the information ab   | ove is true and complete   | to the be | est of my knowledg  | e and belief.  |                            |  |
|  |                            |           |                     |  |                            |  |
| 1/4  | 1                          | 1         | ,                   |  | 171-11-                    |  |
| SIGNATURE  | TITLE                      | E_Lo      | .dman               | D  | ATE 12/21/15               |  |
| . 11.1   | 1                          |           |                     |  | / /                        |  |
| Type or print name   \\ \)   \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   | ~ / [[ o/ E-mai            | l address | : wmillele          | Lputa. ne p  | HONE: 57586 353            |  |
| For State Use Only   |                            |           |                     |  |                            |  |
| 1611   |                            |           |                     |  | - 10 6.1/11                |  |
| APPROVED BY:   |                            |           |                     |  |                            |  |
| Conditions of Approvat (if any):   | TITLE                      | Pet       | roleum Engine       | D.   | ATE 12/21/19               |  |

DEC 22 2015

Ke