

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD HOBBS  
JUN 10 2019  
RECEIVED

FORM APPROVED  
OMB NO. 1004-0137  
Expires: January 31, 2018

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						5. Lease Serial No. NMNM 106916			
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. Zones <input type="checkbox"/> Hydraulic Fracturing						6. If Indian, Allottee or Tribe Name			
Other: _____						7. Unit or CA Agreement Name and No.			
2. Name of Operator Regeneration Energy Corp.						8. Lease Name and Well No. E. Livingston 31 Federal #8H			
3. Address PO Box 210 Artesia, NM 88211-0210				3a. Phone No. (Include area code) 575 616-1314		9. API Well No. 30-025-45286			
4. Location of Well (Report location clearly and in accordance with Federal requirements)*  At surface 190 FSL 2310 FEL SWSE  At top prod. interval reported below 330 FSL 2310 FEL SWNE  At total depth 221 FNL 2367 FEL NWNE						10. Field and Pool or Exploratory Sand Dunes: Bone Spring			
						11. Sec., T., R., M., on Block and Survey or Area Sec. 31 T22S R32E			
						12. County or Parish Lea		13. State NM	
14. Date Spudded 1/19/19		15. Date T.D. Reached 2/7/19		16. Date Completed 03/08/2019 <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod.		17. Elevations (DF, RKB, RT, GL)* 3512 GL			
18. Total Depth: MD 14900 TVD 10273		19. Plug Back T.D.: MD 15011 TVD		20. Depth Bridge Plug Set: MD TVD					
21. Type Electric & Other Mechanical Logs Run (Submit copy of each) Gammaray						22. Was well cored? <input type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Was DST run? <input type="checkbox"/> No <input type="checkbox"/> Yes (Submit report) Directional Survey? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Submit copy)			
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
17.5	13.375 BTC	54.5	0	873		810		0	
12.25	9.625 BTC	36	0	3160		1510		0	
12.25	9.625 BTC	40	3160	4528					
8.75	5.5 p-110	17	0	15011		1655		1280	
24. Tubing Record									
Size	Dept Set (MD)	Packer Dept (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	
2.875	12120								
25. Producing Intervals									
Formation		Top	Bottom	Perforated Interval		Size	No. Holes	Perf. Status	
A) Bone Spring		10500	14855	14855-10500			2160	open	
B)									
C)									
D)									
26. Perforation Record									
27. Acid, Fracture, Treatment, Cement Squeeze, Post hydraulic fracturing chemical disclosures on FracFocus.org									
Depth Interval		Amount, Type of Material and Date of Chemical Disclosure upload on FracFocus.org							
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 Flows from well
3/9/2019	3/10/19	24	→	850	1201	3507			
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status POW	
30/64	1500	0	→	850	1201	3507			
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	
			→						

ACCEPTED FOR RECORD  
MAY 19 2019  
BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

Reclamation Due: 9/8/2019

## 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
Rustler TOS	750 1180	1180 4440	barren salt	rustler TOS	750 1180
BOS Delaware	4440 4500	4450 8410	salt oil/gas/water	BOS Delaware	4440 4500
Bone Spring	8410	10826	oil/gas/water	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 (I 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 Miller Title Ludman

Signature [Signature] Date 3/21/19

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.

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

**DISTRICT II**  
811 S. First St., Artesia, NM 88210  
Phone: (575) 748-1283 Fax: (575) 748-9720

**DISTRICT III**  
1000 Rio Brazos Road, Aztec, NM 87410  
Phone: (505) 334-6178 Fax: (505) 334-6170

**DISTRICT IV**  
1220 S. St. Francis Dr., Santa Fe, NM 87505  
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico  
Energy, Minerals & Natural Resources Department  
**OIL CONSERVATION DIVISION**  
1220 South St. Francis Dr.  
Santa Fe, New Mexico 87505

Form C-102  
Revised August 1, 2011  
Submit one copy to appropriate  
District Office

□AMENDED REPORT

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

API Number <b>30-025-45286</b>	Pool Code <b>53800</b>	Pool Name <b>Sand Dunes; Bone Spring</b>
Property Code <b>31373</b>	Property Name <b>E. LIVINGSTON 31 FEDERAL</b>	Well Number <b>8H</b>
OGRID No. <b>280240</b>	Operator Name <b>REGENERATION ENERGY CORPORATION</b>	Elevation <b>3512'</b>

Surface Location

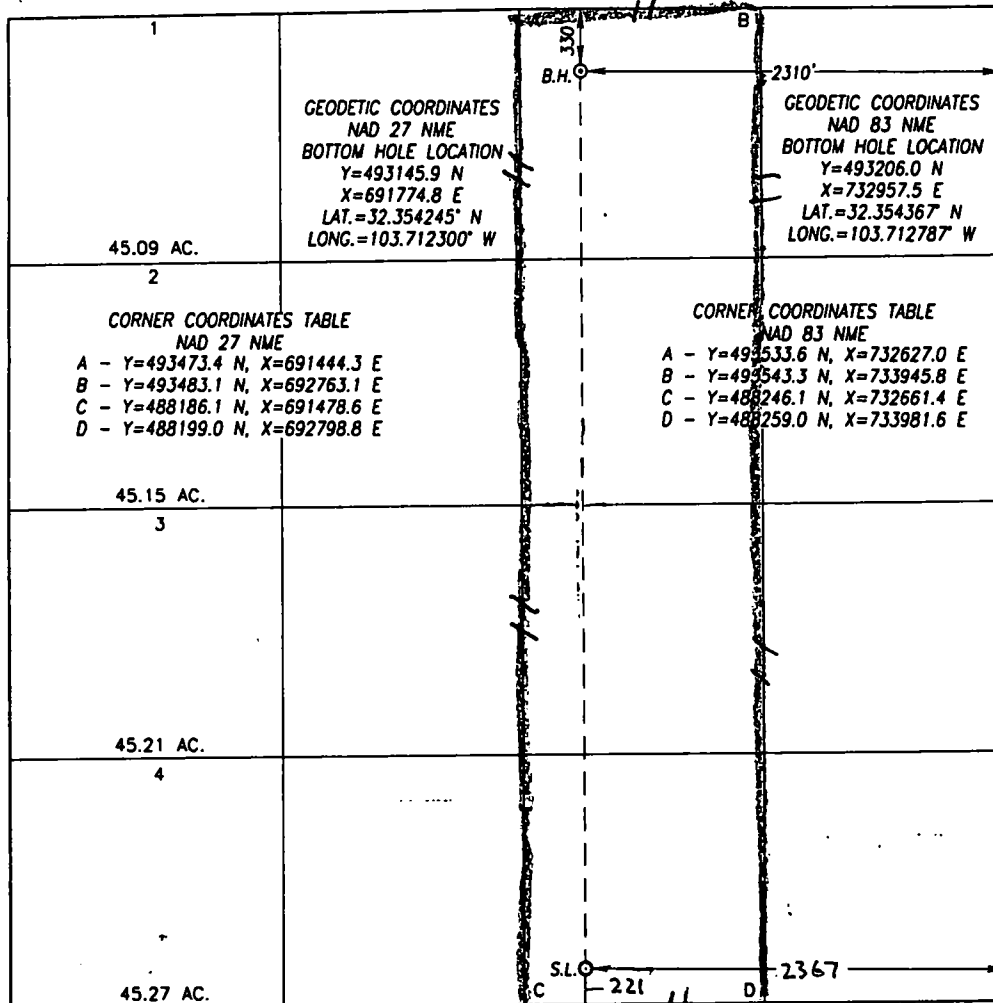
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
O	31	22-S	32-E		190	SOUTH	2310	EAST	LEA

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
B	31	22-S	32-E		221	NORTH	2367	EAST	LEA

Dedicated Acres <b>160</b>	Joint or Infill	Consolidation Code	Order No.
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



**OPERATOR CERTIFICATION**

I hereby certify that the information herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

*[Signature]* **3/28/19**  
Signature Date  
**William Miller**  
Printed Name  
**wmiller@putn.net**  
E-mail Address

**SURVEYOR CERTIFICATION**

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

**MARCH 14, 2017**

Date of Survey  
Signature of Professional Surveyor:

**RONALD J. EIDSON**  
NEW MEXICO  
3239  
RECEIVED  
OFFICE OF THE SURVEYOR  
DATE: 06/06/2017  
Certificate Number: **12641**  
**Ronald J. Eidson** 3239  
DSS JWSC W.O.: 17.11.0200