

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
HOBBS OGD
FEB 11 2013
RECEIVED
 OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised August 1, 2011

WELL API NO. 3002526547
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. VB 1298
7. Lease Name or Unit Agreement Name State "24" Comm
8. Well Number #1
9. OGRID Number 280240
10. Pool name or Wildcat SWD; Delaware
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3372' GR

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
Regeneration Energy Corp.

3. Address of Operator
P. O. Box 210 Artesia, NM 88211-0210

4. Well Location
 Unit Letter K : 1980' feet from the South line and 1980' feet from the West line
 Section 24 Township 23S Range 34E NMPM Lea County

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"/> OTHER <input checked="" type="checkbox"/> Name Change	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: <input 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.

Please change the name of the well described above:
 Original Name: State "24" Comm #1
 Name Change: Antelope Ridge 24 SWD #1

OPER. OGRID NO. 280240
 PROPERTY NO. 39715
 POOL CODE 96100
 EFF. DATE 2/13/2013
 API NO. 30-025-26547

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 [Signature] TITLE Landman DATE 2/11/13
 Type or print name William Miller E-mail address: wmiller@pvta.net PHONE: 575 736 3535
For State Use Only
 APPROVED BY: [Signature] TITLE Petroleum Engineer DATE FEB 14 2013
 Conditions of Approval (if any):