

<b>District I</b> 1625 N. French Dr., Hobbs, NM 88240 • Phone: (575) 393-6161 Fax: (575) 393-0720 <b>District II</b> 811 S. First St., Artesia, NM 88210 Phone: (575) 748-1283 Fax: (575) 748-9720 <b>District III</b> 1000 Rio Brazos Rd., Aztec, NM 87410 Phone: (505) 334-6178 Fax: (505) 334-6170 <b>District IV</b> 1220 S. St Francis Dr., Santa Fe, NM 87505 Phone: (505) 476-3470 Fax: (505) 476-3462	<b>State of New Mexico</b> <b>Energy, Minerals and Natural</b> <b>Resources</b> <b>Oil Conservation Division</b> <b>1220 S. St Francis Dr.</b> <b>Santa Fe, NM 87505</b>	Form C-103 August 1, 2011 Permit 173105 <hr/> WELL API NUMBER 30-015-39848 <hr/> 5. Indicate Type of Lease S <hr/> 6. State Oil & Gas Lease No.  <hr/> 7. Lease Name or Unit Agreement Name DUMP STATE			
<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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: O		8. Well Number 003H			
2. Name of Operator REGENERATION ENERGY, CORPORATION		9. OGRID Number 280240			
3. Address of Operator P. O. Box 210, Artesia, NM 88210		10. Pool name or Wildcat			
4. Well Location Unit Letter <u>L</u> : <u>1650</u> feet from the <u>S</u> line and feet <u>330</u> from the <u>W</u> line Section <u>2</u> Township <u>21S</u> Range <u>28E</u> NMPM County <u>Eddy</u>					
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3346 GR					
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____					
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data <table style="width: 100%;"> <tr> <td colspan="2">           NOTICE OF INTENTION TO:            PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>            TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/>            PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/>            Other: _____         </td> <td>           SUBSEQUENT REPORT OF:            REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/>            COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>            CASING/CEMENT JOB <input type="checkbox"/>            Other: Perforations/Tubing <input checked="" type="checkbox"/> </td> </tr> </table>			NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> Other: _____		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> Other: Perforations/Tubing <input checked="" 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.					
<b>Perforations</b>					
<b>Pool: FENTON;DELAWARE, NORTHWEST , 24330 Location: I -2-21S-28E 1700 S 330 E</b>					
TOP 5995	BOT 7940	Open Hole Shots/ft 12			
		Shot Size 0			
		Material Stimulation Frac			
		Amount 67830			
<b>Tubing</b>					
<b>FENTON;DELAWARE, NORTHWEST , 24330</b>					
Tubing Size 2.875	Type	Depth Set 5127			
		Packer Set 0			
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines <input type="checkbox"/> , a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/> .					
SIGNATURE Type or print name	TITLE E-mail address	DATE Telephone No.			
<b>For State Use Only:</b>					
APPROVED BY: <i>RR Dade</i>	TITLE: <i>Dist II Supervisor</i>	DATE: <i>5/20/14</i>			