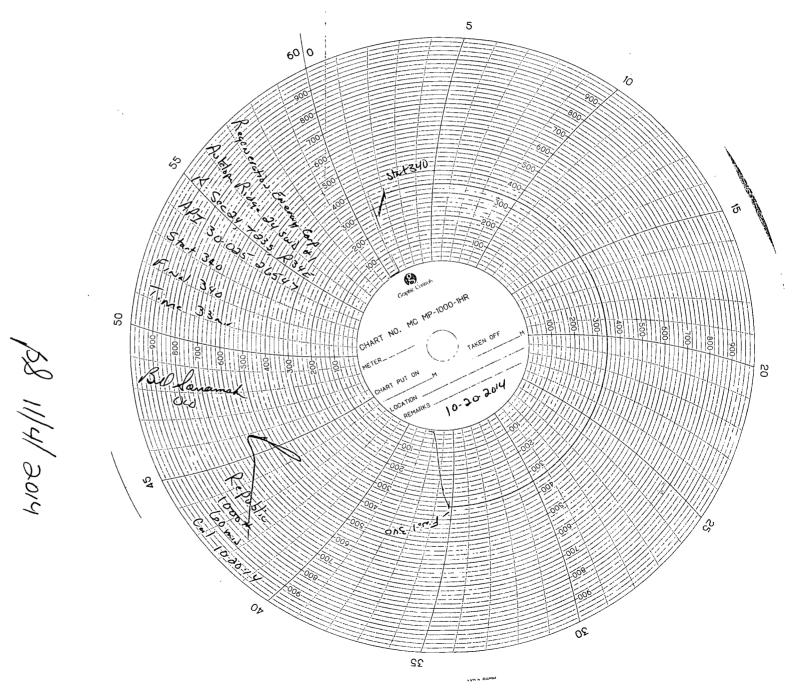
Submit 1 Copy To Appropriate District State of New Mexico Form C-103 Office Revised August 1, 2011 Energy, Minerals and Natural Resources District - (575) 393-6161 WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283 3002526547 OIL CONSERVATION DO TO THE OFFI 811 S. First St., Artesia, NM 88210 5. Indicate Type of Lease <u>District III</u> – (505) 334-6178 1220 South St. Francis Dr. STATE 🖂 FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505V 0 4 2014 6. State Oil & Gas Lease No. <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM VB 1298 87505 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR LISE "APPLICATION FOR PROPOSALS TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name Ridge Antelope Rider 24 SWD PROPOSALS.) 8. Well Number 1. Type of Well: Oil Well ☐ Gas Well ☒ Other 2. Name of Operator 9. OORID Number 280240 Regeneration Energy Corp. 10. Pool name or Wildcat 3. Address of Operator P. O. Box 210 Artesia, NM 88211-0210 4. Well Location K : 1980' feet from the South line and 1980' feet from the West line Unit Letter Township 23S Range Section 34E NMPM Lea County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3372' GR 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON □ PERFORM REMEDIAL WORK □ REMEDIAL WORK ALTERING CASING □ TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. P AND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB DOWNHOLE COMMINGLE OTHER: OTHER: 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. MIT preformed 10/20/2014 by Bill OCD Hobbs See attached chart 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** TITLE E-mail address: WM iller @ Putn. ne pHONE: 575 736 3535 ian Miller Type or print name For State Use Only Stuff Manager TITLE APPROVED BY: Conditions of Approval (if any):

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