

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

Form C-103  
Revised July 18, 2013

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

<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.)		WELL API NO. 30-025-32093 /
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other SWD <b>HOBBS OCD</b>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <b>Regeneration Energy Corp</b> /		6. State Oil & Gas Lease No.
3. Address of Operator <b>PO Box 210 Artesia NM 88211-0210</b>		7. Lease Name or Unit Agreement Name <b>Silverton 31 Federal SWD</b> /
4. Well Location Unit Letter <b>M</b> : <b>660</b> feet from the <b>South</b> line and <b>660</b> feet from the <b>West</b> line Section <b>31</b> Township <b>22S</b> Range <b>32E</b> NMPM Lea County		8. Well Number #1 /
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3487 GR</b>		9. OGRID Number <b>280240</b>
		10. Pool name or Wildcat <b>SWD Bell Canyon</b>

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: MIT on SWD <input checked="" type="checkbox"/>	

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.

Attached is a copy of the MIT performed and witnessed by the OCD on 8/31/15. Thanks

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 Raye Miller TITLE President DATE 9/14/15

Type or print name Raye Miller E-mail address: rmiller@pvtn.net PHONE: 575-736-3535

**For State Use Only**

APPROVED BY: Bill Senaugh TITLE Staff Manager DATE 9/25/15  
Conditions of Approval (if any):

SEP 28 2015

*[Signature]*

RECEIVED

