

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB NO. 1004-0137  
Expires: October 31, 2014

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well:  Oil Well  Gas Well  Dry  Other  
b. Type of Completion:  New Well  Work Over  Deepen  Plug Back  Diff. Resvr.,  
Other: \_\_\_\_\_

5. Lease Serial No.  
NMNM 106916

6. If Indian, Allottee or Tribe Name

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 #7H ✓

3. Address PO Box 210  
Artesia NM 88210

3a. Phone No. (include area code)  
575 736 3535

9. API Well No.  
30-025-42975 ✓

4. Location of Well (Report location clearly and in accordance with Federal requirements)\*  
190' FSL 1862' FWL, Unit N  
At surface  
*TOC does not meet COA's*

10. Field and Pool or Exploratory  
Sand Dunes; Bone Spring

11. Sec., T., R., M., on Block and  
Survey or Area 31 T22S R32E ✓

At top prod. interval reported below  
333' FNL 1859' FWL, Unit C  
At total depth

12. County or Parish LEA  
13. State NM

14. Date Spudded 01/05/2016  
15. Date T.D. Reached 01/26/2016

16. Date Completed 03/12/2016  
 D & A  Ready to Prod.

17. Elevations (DF, RKB, RT, GL)\*  
3505' GR

18. Total Depth: MD 14918'  
TVD 10292'

19. Plug Back T.D.: MD 14918'  
TVD 10284'

20. Depth Bridge Plug Set: MD  
TVD

21. Type Electric & Other Mechanical Logs Run (Submit copy of each)  
CBL & Gamma Ray/Neutron

22. Was well cored?  No  Yes (Submit analysis)  
Was DST run?  No  Yes (Submit report)  
Directional Survey?  No  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 Cement Depth	No. of Sk. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
17 1/2"	13 3/8" J55	54.5#	0	880'		409SX		0	none
12 1/4"	9 5/8" N80	#20	0	4219'		n/a		n/a	none
12 1/4"	9 5/8" J55	17#	4219'	4561'		2400SX 1075		0	none
7 7/8"	5 1/2"	17	0	14918'		1685SX	6493'	5180'	none

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) Bone Spring	8410	11849	10842-14770	0.43		Open
B)						
C)						
D)						

27. Acid, Fracture, Treatment, Cement Squeeze, etc.

Depth Interval	Amount and Type of Material
See Attached	See Attached

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
03/12/16	3/12/16	24	→	300	est 150	1058			Flowing
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
12/64		2450#	→	300	est 150	1058		Producing	

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  
APR 14 2016  
BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

\*(See instructions and spaces for additional data on page 2)

Reclamation due: 09/12/2016

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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
Bone Spring	8410	11849		Top of Salt	1170
				Fletcher Anhydrite	4260
				Delaware	4500
				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 (1 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 landman  
 Signature       Date 03/14/2016

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.