TOBRE OF	
Submit 1 Copy To Appropriate District Office District Leaf Scale of New Mexico State of New Mexico Office Energy, Minerals and Natural Resources	Form C-103
District 1 = (3/3) 393-0101	Revised July 18, 2013 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283 811 S. First St. Artesia NM 88210 OIL CONSERVATION DIVISION	30-025-05229
811 S. First St., Artesia, NM 88210 RECEIVE 220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410	5. Indicate Type of Lease
	STATE FEE 4
1220 S. St. Francis Dr., Santa Fe, NM	o. State on & Gas Lease 140.
87505 SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	State "T"
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	0. 111 1121 1
1. Type of Well: Oil Well	4
2. Name of Operator Resolute Natural Resources Co., LLC	9. OGRID Number 295770
3. Address of Operator 1700 Lincoln St, Ste 2800 Denver, CO 80203	10. Pool name or Wildcat Devonian
4. Well Location	
Unit Letter M : 660 feet from the South line and 660	
Section 2 Township 15S Range 37E 11. Elevation (Show whether DR, RKB, RT, GR, etc.)	NMPM CountyLea
3798' GL	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
E-PERMITTING <swd injection=""> SUBSEQUENT REPORT OF:</swd>	
PEI CONVERSION RBDMS MB) EMEDIAL WORK ALTERING CASING	
TA DIMMENCE DRILLING OPNS. P AND A	
DO CSNG ENVIRO CHG LOC	
OLI MITTO DA DO AND DO AD	ucted MIT to preserve TA status
OTI THER:	<u> </u>
 Describe proposed or completed operations. (Clearly state all pertinent details, and of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Cor 	
proposed completion or recompletion.	infections. Attach welloofe diagram of
Resolute conducted an MIT on 9-8-16 to cont	inue the TA status of the
	inde the in status of the
subject well. An MIT chart are attached.	
This Approval of Temporar	/
Abandonment Expires 9/8/2018	
Abandonment Expires 7/8/2010	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge	a and helief
Thereby certify that the information above is true and complete to the best of my knowledge	e and belief.
Alexander Men	20/00/00/
SIGNATURE CHUNY Blass TITLE ST Regulatory	
1	
Type or print name Sherry Glass sqlass@resoluteenergy For State Use Only	PHONE:
Type or print name Sherry Glass sqlass@resoluteenergy For State Use Only	PHONE:
Type or print name Sherry Glass sqlass@resoluteenergy For State Use Only	

