Submit 1 Copy To Appropriate District Office District I - (575) 393-6161 HOBBS Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283 811 S. First St., Anesia, NM 88210 District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 District IV - (305) 476-3460 Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DREL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well A Gas Well Other 2. Name of Operator Resolute Natural Resources Co., LLC 3. Address of Operator 1675 Broadway, Ste 1950 Denver, CO 80202 4. Well Location	Form C-103 Revised July 18, 2013 WELL API NO. 30-025-05207 5. Indicate Type of Lease STATE FEE A 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name WT Mann 'B' 8. Well Number 4 9. OGRID Number 295770 10. Pool name or Wildcat Denton, Devonian
Unit Letter J : 1980 feet from the South line and 2310 feet from the east line	
Section 36 Township 14S Range 37E	NMPM 6 County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3800' GL	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK COMMENCE DRILL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT CLOSED-LOOP SYSTEM	SEQUENT REPORT OF: C
OTHER: MIT for TA status 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.	
Resolute proposes to run a MIT on the subject well on October 10,	
2013, to preserve the continued TA status for a 6-month extension.	
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 Strain Strain Strain Glass Type or print name Sherry Glass E-mail address: E-mail address: DATE 10-7-13 E-mail address: DATE 10-7-13 DATE 10-7-13 DATE 10-7-13	
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CONDITION OF APPROVAL: Notify OCD DISTRICT OFFICE 24 HOURS prior to running the TA Pressure Test	