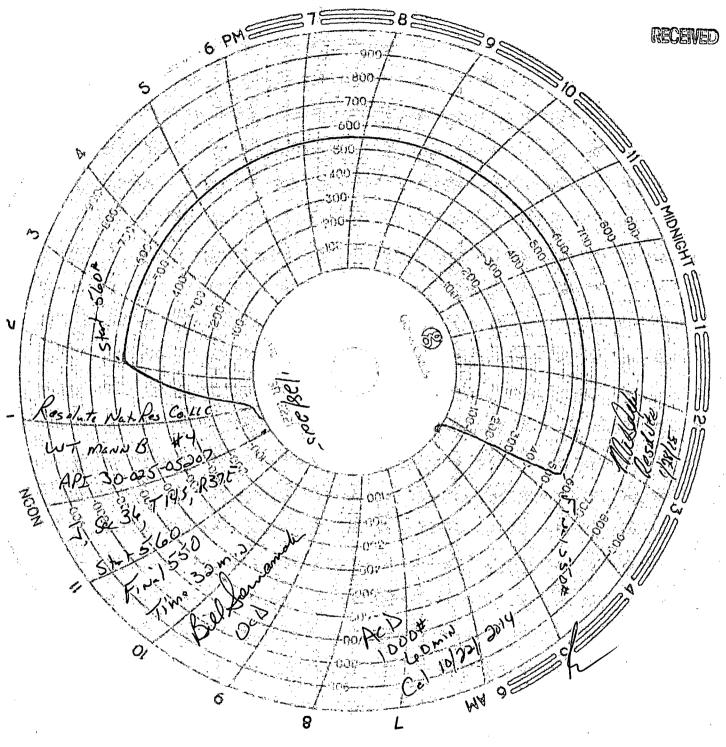
Submit I Copy To Appropriate District Office	co Form C-103 Resources Revised August 1, 2011
Office District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 District III – (575) 748-1283	WELL API NO. 30-025-05207
	L > Indicate Lype of Lease
District III - (505) 334-6178     1220 South St. Franci       1000 Rio Brazos Rd., Aztec, NM 87410     RECENSAnta Fe, NM 8750	
1220 S. St. Francis Dr., Santa Fe, NM 87505	0. State off & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR PROPOSALS.)	SUCH
1. Type of Well: Oil Well 🛛 Gas Well 🗌 Other	8. Well Number 4
2. Name of Operator Resolute Natural Resources	9. OGRID Number 295770
3. Address of Operator 1700 Broadway, Ste. 2800, Denver, C	CO 80203 10. Pool name or Wildcat Denton-Dev
4. Well Location Unit Letter J: 1980 feet from the south line and 2310 feet from the east line	
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 GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
E-PERMITTING	SUBSEQUENT REPORT OF:
PAANK PAAR I	REMEDIAL WORK Image: Altering casing I
PU CSNG Chng Loc	
DC TA P.M. RBDMS CHART (JAD)	
OTHER: Mechanical Integrity Test	
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 ran a mechanical integrity test to request an extension	
of the TA status for the subject well. Hard copy chart submitted	
1-29-15. Work performed by M. Dixon and witnessed on 1-28-15.	
Chart, bradenhead test and wellbore diagram attached.	
Finial	
This approval of Temporary Abandonment Expires 7/38/2015	
· · · · · · · · · · · · · · · · · · ·	
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 AUXILIASS TITLE ST Regulatory Tech DATE 1-29-15	
Type or print name   Sherry Glass   E-mail address: sglass@resoluteenergy.com   PHONE03-573-4886 X1580     For State Use Only   0	
APPROVED BY: Bel Somanak TITLE Staff Manager DATE 2/3/2015 Conditions of Approval (if any): FEB 0 4 2015	
Conditions of Approval (if any):	

## HOBBSOCD

FEB 0 2 2015



158 2/3/2015

