Submit Copy To Appropriate District HOSE State of New Mexico Office District - (575) 393-6161 Energy Minerals and Natural Resour	Form C-103 ces Revised August 1, 2011 WELL API NO.
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 87419 District IV – (505) 476-3460 District IV – (505) 476-3460 Santa Fe, NM 87505 1220 S. St. Francis Dr., Santa Fe, NM 87505	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK 10 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well Gas Well X Other SWD	A 7. Lease Name or Unit Agreement Name Clovis K. Kendrick - 8. Well Number 02
2. Name of Operator Resolute Natural Resources Co., LLC	9. OGRID Number 295770
3. Address of Operator	10. Pool name or Wildcat
1700 Lincoln Street, Ste 2800, Denver, CO 80203 Gladiola, Devonian	
4. Well Location Unit Letter P : 660 feet from the south line and 660 feet from the east line	
Section 06 Township 12S Range 38	
11. Elevation (Show whether DR, RKB, RT, 3872 GL	GR, elc.)
	SUBSEQUENT REPORT OF:
OTHER: OTHER:	setting CIBP to TA well
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 intends to TA the Clovis Kendrick #2, as it has not produced since September 2012 as follows:	
1. Remove sub pump & tubing	
 Run casing scraper and bit to 11,900'. 	C live
3. Run gage ring/junk basket to 11,900'	Condition of Approval: notify
4. Set CIBP @ 11900' + 35' cement	OCD Hobbs office 24 hours
5. Set CIBP + 35' cement @ +/-9400'	prior of running MIT Test & Chart
6. Perform mechanical integrity test.	
7. Leave well TA.	, t
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my kn	owledge and belief.
SIGNATURE Mury Hass TITLE Sr Regulatory Analyst DATE 7-28-15 Sherry Glass sqlass@resoluteenergy.com 303-573-4886	
Type or print name E-mail address: PHONE:	
APPROVED BY: August Mary Marine Dist Supervisor DATE 8/4/2015 Conditions of Approval (if any):	

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