Submit I Copy To Appropriate District Office District 1= (575) 393-6161 Energy, Minerals and Natural Resources	Form C-103 Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 8821 OBBS OCD	WELL API NO.
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION	30-025-05244 5. Indicate Type of Lease
District III = (505) 334-6178 SEP 2 0 2013 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 8740 Santa Fe, NM 87505	STATE K FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	E-2433
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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	State A
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other	8. Well Number 1
2. Name of Operator Resolute Natural Resources Co., LLC	9. OGRID Number 295770
3. Address of Operator 1675 Broadway, Ste 1950 Denver, CO 80202	10. Pool name or Wildcat Denton, Devonian
4. Well Location Unit Letter L: 1980 feet from the South line and 660 feet from the West line	
Section 2 Township 15S Range 37E	
11. Elevation (Show whether DR, RKB, RT, GR 3807 GL	l, etc.)
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CE	
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM	
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 September	
19, 2013, to preserve the continued TA status for a one-year	
extension.	
Spud Date: Rig Release Date:	
<u> </u>	
I hereby certify that the information above is true and complete to the best of my know	viedge and belief.
SIGNATURE AUM Slan TITLE ST Regulatory Tech DATE 9-20-13	
Type or print name Sherry Class E-mail address: E-mail address: PHONE: 303-573-4886, 1580	
For State Use Only	
APPROVED BY Compose TITLE DIST. MER DATE 9-23-2013	
Conditions of Approval (pany):	