

Submit 1 Copy To Appropriate District 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 - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources
HOBBS OCD
OIL CONSERVATION DIVISION
220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

WELL API NO. 30-025-07190	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name Henry A Harris	
8. Well Number 4	
9. OGRID Number 295770	
10. Pool name or Wildcat Denton, Devonian	
4. Well Location Unit Letter <u>G</u> : <u>1980</u> feet from the <u>north</u> line and <u>1980</u> feet from the <u>east</u> line Section <u>18</u> Township <u>12S</u> Range <u>38E</u> NMPM <u>6</u> County <u>Lea</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3870' GL	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

E-PERMITTING <SWD INJECTION>
CONVERSION ☐ RBDMS ☒
RETURN TO ☐ TA ☒ P.M.
CSNG ☐ CHG LOC ☐
INT TO PA ☐ P&A NR ☐ P&A R ☐

SUBSEQUENT REPORT OF:
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: MIT for TA status ☒

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 performed an MIT on the subject well on July 29, 2015, to preserve the continued TA status on ^{3-yr} annual testing schedule. Chart and bradenhead test are attached. **2 YEAR!**

This Approval of Temporary
Abandonment Expires 7/29/2017

C.O.A. SUBMIT
WELLBORE DIAGRAM

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 Sherry Glass TITLE Sr Regulatory Analyst DATE 07/30/2015

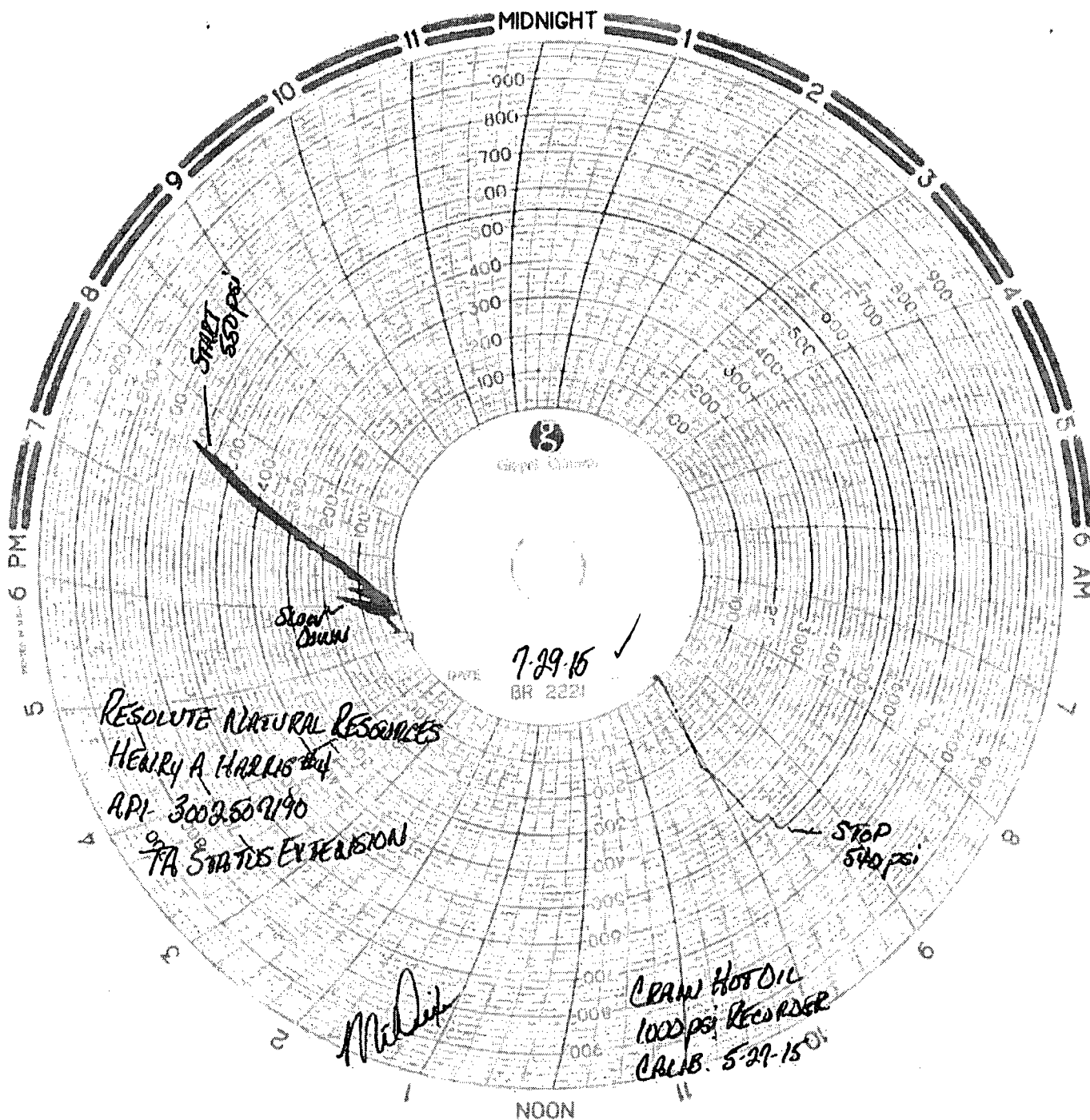
Type or print name Sherry Glass E-mail address: sglass@resoluteenergy.com PHONE: 303-573-4886, 15

For State Use Only

APPROVED BY: Mary Brown TITLE Dist. Supervisor DATE 8/3/2015

Conditions of Approval (if any):

NOT PROD. REPORTED 94 MONTHS AUG 04 2015 MB



HOBBS OCD

AUG 03 2015

RECEIVED

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