Submit I Copy To Appropriate District Office District I - (575) 393-6161 HOBBS Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240	Form C-103 Revised July 18, 2013 WELL API NO.
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 AUG 0 3 20 II CONSERVATION DIVISION 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 RECEIVED 87505	30-025-05177 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS (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 PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other	7. Lease Name or Unit Agreement Name B C Dickinson "D" 8. Well Number 3
2. Name of Operator Resolute Natural Resources Co., LLC	9. OGRID Number 295770
3. Address of Operator 1700 Lincoln St, Ste 2800 Denver, CO 80203	10. Pool name or Wildcat Denton, Devonian
4. Well Location Unit Letter E: 1980 feet from the NOrth line and 660 feet from the West line Section 35 Township 14S Range 37E NMPM 6 County Lea 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3822 GL	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
E-PERMITTING <swd injection=""> CONVERSION RBDMS AN COMMENCE DRILLING OPNS. PAND A CASING/CEMENT JOB OTHER: MIT for TA Status</swd>	
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 annual testing schedule. Chart	
and bradenhead test are attached. JEED TO RETURN WELL This Approval of Temporary Abandonment Expires 10/29/2015 MAB. MAB. TO PROP. DR P/A. Abandonment Expires 10/29/2015 MAB.	
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 Start Start Start Glass Type or print name Sherry Glass E-mail address: E-mail address: Type Of PHONE: 303-573-4886, 15	
APPROVED BY: MALLY STOLLY PITLE DUST. Supervisor DATE 8/3/2015 Conditions of Approval (if any):	

NOTROD REPORTED 323 MONTHS. AUG 0 6 2015 h

