

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

Form C-103
 Revised July 18, 2013

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-025-09868
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 B.C. Dickinson A1
8. Well Number 2
9. OGRID Number 295770
10. Pool name or Wildcat Denton, Devonian

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) PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other

2. Name of Operator
Resolute Natural Resources Co. LLC

3. Address of Operator
1700 Lincoln, Ste. 2800 Denver, CO 80203

4. Well Location
 Unit Letter L : 2240 feet from the South line and 400 feet from the West line
 Section 1 Township 15S Range 37E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3808' GL

HOBBBS/OCD
 OCT 26 2015
 RECEIVED

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

E-PERMITTING <SWD INJECTION> CONVERSION <input type="checkbox"/> RBDMS <input type="checkbox"/> RETURN TO <input type="checkbox"/> TA <input type="checkbox"/> CSNG <input type="checkbox"/> ENVIRO <input type="checkbox"/> CHG LOC <input type="checkbox"/> INT TO PA <input type="checkbox"/> P&A NR <input checked="" type="checkbox"/> P&A R <input type="checkbox"/> OTHER <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>
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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.

- 10/02/15—MIRU.
- 10/05/15—RU WL perf @ 6975' - press test held 1500 psi, OCD ok'd to RIH open ended, pick up tbg. SIW.
- 10/06/15—Finish pick up tbg, pump 50 bbls brine, spot 30 sxs @ 7045' WOC Tag @ 6790', OCD ok'd to circ 266 bbls brine w/ 66 sxs salt gel. Perf @ 4804' - press test held 1500 psi, SIW.
- 10/07/15—Spot 35 sxs @ 4871' WOC Tag @ 4590', perf @ 3000' - press test held 1500 psi - spot 35 sxs @ 3054' WOC.
- 10/08/15—Tag @ 2815'. Perf @ 2220' - press test held 1500 psi - spot 40 sxs cmt @ 2276' WOC Tag @ 2074', perf @ 424' sqz 273 sxs cmt to surface, SIW.
- 10/09/15—Cmt fell, Tag @ 20' - top well off w/ 3 sxs cmt. RDMO.

APPROVED FOR PLUGGING OF WELL BORE ONLY.
 LIABILITY UNDER BOND IS RETAINED PENDING RECEIPT OF C-103(SPECIFICALLY FOR SUBSEQUENT REPORT OF WELL PLUGGING) WHICH MAY BE FOUND AT OCD WEB PAGE UNDER FORMS. www.emnrd.state.nm.us/ocd

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  TITLE P&A Tech DATE 10/15/15

Type or print name Greg Bryant E-mail address: _____ PHONE: 432-563-3355

For State Use Only

APPROVED BY: Mary Brown TITLE Dist Supervisor DATE 10/27/2015
 Conditions of Approval (if any): _____

OCT 27 2015