

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

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.)		WELL API NO. 30-015-02544
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Quantum Resources Management, LLC		6. State Oil & Gas Lease No. E 6946
3. Address of Operator 1401 McKinney St., Suite #2400, Houston, TX 77010		7. Lease Name or Unit Agreement Name Artesia Unit
4. Well Location Unit Letter <u>P</u> : <u>992</u> feet from the <u>S</u> line and <u>997</u> feet from the <u>E</u> line Section <u>3</u> Township <u>18-S</u> Range <u>28-E</u> NMPM County <u>Eddy</u>		8. Well Number 62
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3628.57 GR		9. OGRID Number 243874
		10. Pool name or Wildcat Artesia; Queen-Grayburg-San Andres

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

11/06/13 MIRU plugging equipment. Dug out cellar.

11/07/13 NU flange and BOP. RIH w/ 5 1/2 gauge ring and tagged @ 2230'. POH. RIH and set 5 1/2 CIBP @ 2225'. Circulated hole w/ mud laden fluid. Spotted 25 sx cement @ 2225-2025'. RIH w/ 5 1/2 packer. Tested csg to 800 psi. Casing held. POH w/ packer.

11/08/13 RIH w/ tbg to 643' and spotted 65 sx cement to surface. (per Randy Dade). Rigged down moved off.

11/08/13 Moved in welder. dug out cellar. Cut off well head. Welded on Above Ground Dry Hole Marker. (Randy Dade). Back filled cellar. Dug up and cut off dead men. cleaned location and moved off.

Spud Date:

Rig Release Date:

Approved for plugging of well bore only.  
Liability under bond is retained pending receipt  
of C-103 (Subsequent Report of Well Plugging)  
which may be found at OCD Web Page under  
Forms, www.emr.state.nm.us/oed.

RECEIVED

NOV 14 2013

NMOCD ARTESIA

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Celeste G. Dale TITLE Sr. Regulatory Analyst DATE 11/13/2013

Type or print name Celeste G. Dale E-mail address: cdale@qracq.com PHONE: 432-683-1500

For State Use Only

APPROVED BY: RR Dade TITLE Sr. P. Spewer DATE 11/19/2013

Conditions of Approval (if any):

\* Submit Subsequent C-103