

Submit 1 Copy To Appropriate District Office

State of New Mexico

Form C-103

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

Energy, Minerals and Natural Resources

Revised July 18, 2013

HOBBS OCE

APR 17 2014

RECEIVED

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.  
30-025-08620

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
309079

7. Lease Name or Unit Agreement Name  
JALMAT FIELD YATES SAND UNIT

8. Well Number 144

9. OGRID Number 243874

10. Pool name or Wildcat  
JALMAT; TAN-YATES-7RVRS

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 ☐ (12)

2. Name of Operator  
Quantum Resources Management, LLC

3. Address of Operator  
1401 McKinney St., Suite 2400 Houston, TX 77010

4. Well Location  
Unit Letter O : 660 feet from the SOUTH line and 1650 feet from the EAST line  
Section 14 Township 22S Range 35E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3578

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐  
CLOSED-LOOP SYSTEM ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐  
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.

PERFORMED MIT ON THE ABOVE MENTIONED WELL ON 3/25/14. ORIGINAL CHART PREVIOUSLY SUBMITTED.

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 Deborah Marberry TITLE Sr. Regulatory Analyst DATE 4/16/14

Type or print name Deborah Marberry E-mail address: dmarberry@qracq.com PHONE: 713-452-2883

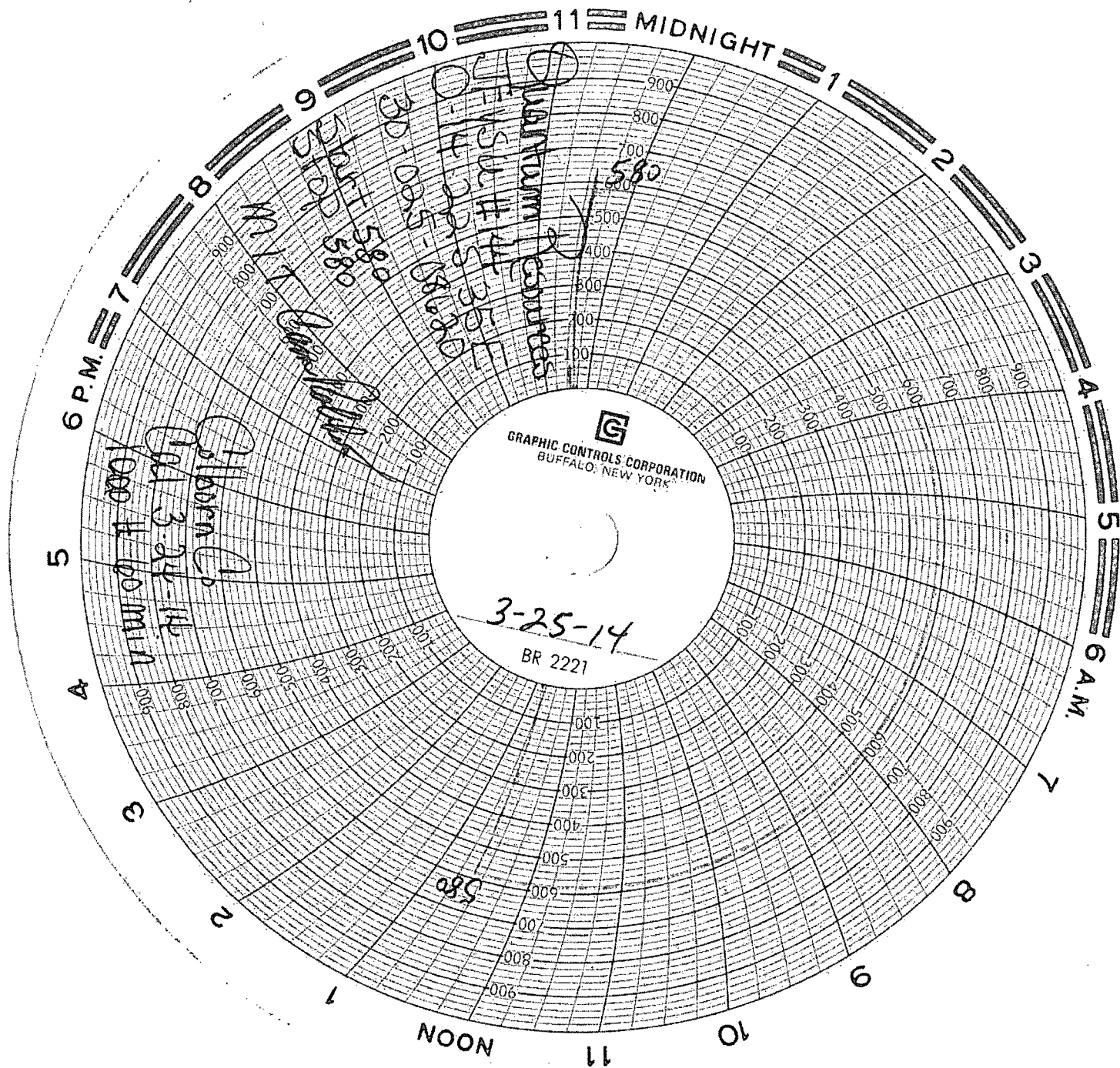
For State Use Only

APPROVED BY: Bill Senamah TITLE Staff Manager DATE 4-18-2014

Conditions of Approval (if any):

FOR RECORD ONLY

APR 22 2014



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