Submit Copy To Appropriate District Office State of New Mexico Office	Form C-103 Revised August 1, 2011
Office District 1 – (575) 393-6161 1625 N French Dr., Hobbs, NM 313N 0 5 2613 ergy, Minerals and Natural Resources District II – (575) 748-1283	WELL API NO. 30-025-08569
811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec NM 87 SECENED 1220 South St. Francis Dr. Santa Fe. NM 87505	STATE X FEE
District IV – (505) 476-346(2) 1220 S. St. Francis Dr., Santa Fe, NM	6. State Oil & Gas Lease No. E-8322
87505 SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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.)	Jalmat Field Yates Sand Unit 8. Well Number 102
1. Type of Well: Oil Well Gas Well X Other Injection	O OCDID Namb
Name of Operator Quantum Resources Management, LLC	9. OGRID Number 243874
3. Address of Operator 1401 McKinney St., Suite #2400; Houston, TX 77010	10. Pool name or Wildcat Artesia; Queen-Grayburg-San Andres
4. Well Location [Init latter P 330 feet from the South line and 330 feet from the East line	
One better : leet from the 350th line and 550 leet from the line	
Section 3 Township 22S Range 35E	NMPM Lea County
3612 GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUB	SEQUENT REPORT OF: K □ ALTERING CASING □
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN	т JOB 🔲
DOWNHOLE COMMINGLE	
	anical Integrity Test X
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.	
Request renewal of TA (Temporary Abandonment) Status. Mechanical Integrity test (555 psi) chart attached,	
dated 05/30/13. Test witnessed by M. Whitacker, OCD Hobbs office.	
,	
This Approval of Temporary 30 - 2014 Abandonment Expires	
Abandonment Expires	
Spud Date: Rig Release Date:	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledg	e and belief.
A to the A to the A to the total and the tot	2012.111.2
SIGNATURE (White M. Nale TITLE Sr. Regulatory Analyst	DATE 06/04/13
Type or print name Celeste G. Dale E-mail address: cdale@qracq.c	om PHONE: 432-683-1500
For State Use Only	
APPROVED BY STUDENTITLE DET WAST	DATE 0-18-201=
Conditions of Approval (iP any):	- · · · · ·

