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Submit I Copy To Appropriate District Office State of New Mexico	Form <b>9</b> -103
Submit I Copy To Appropriate District Office District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283	Revised August 1, 2011 WELL API NO. 30-025-03200
811 S. First St., Artesia, NM 88210 UN 17 OVE CONSERVATION DIVISION	5. Indicate Type of Lease
1000 Die Dannee D.J. Anton NM 97410	STATE STATE
$\frac{\text{District IV}}{1220 \text{ S. St. Francis Dr., Santa Fe, NM}} \text{ Santa Fe, NM 87505}$ $87505$	6. State Oil & Gas Lease No. E-5837
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	Northeast Pearl Queen Unit
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Injection	8. Well Number 020
2. Name of Operator Quantum Resources Management, LLC	9. OGRID Number 243874
<ol> <li>Address of Operator</li> <li>1401 McKinney St., Suite #2400; Houston, TX 77010</li> </ol>	10. Pool name or Wildcat Pearl; Queen
4. Well Location	
Unit LetterJ : 1980 feet from the South line and	2180 feet from the East line
Section 23 Township 19S Range 35E	NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc. 3747' GR	
12. Check Appropriate Box to Indicate Nature of Notice,	Report or Other Data
NOTICE OF INTENTION TO: SUB	SEQUENT REPORT OF:
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI	
PULL OR ALTER CASING DIMULTIPLE COMPL CASING/CEMEN	Т ЈОВ
OTHER: OTHER: Annua	al Mechanical Integrity Test
<ol> <li>Describe proposed or completed operations. (Clearly state all pertinent details, an of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Comproposed completion or recompletion.</li> </ol>	d give pertinent dates, including estimated date
06/11/13 Notified NMOCD of intent to run mechanical integrity test. Mark V	Vhitacker responded @ 10:00 a.m. and
advised to proceed with the testing. Successful chart attached.	
pud Date: Rig Release Date:	
hereby certify that the information above is true and complete to the best of my knowledg	e and belief
nereby certify that the information above is the and complete to the best of my knowledg	c and benet.
IGNATURE Cullitude A. Jale TITLE Sr. Regulatory Analyst	DATE 06/14/13
ype or print nameCeleste G. Dale E-mail address:cdale@qracq.c	om PHONE: 432-683-1500
For State Use Only	
APPROVED BY THE JUST. MET	DATE 6-19-4013
Conditions of Approval (if any):	

