Submit 1 Copy To Appropriate District Office State of New Mexico		Form C-103
District 1 – (575) 393-6161 HOBBS Oct-fiergy, Minerals and Natural Resources		Revised July 18, 2013 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283		30-025-38936
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210APR 1 7 2004L CONSERVATION DIVISION District III – (505) 334-6178 1220 South St. Francis Dr.		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District W. (505) 476-2460 Santa Fe. NM 87505		STATE FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM RECEIVED 87505		309079
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
1. Type of Well: Oil Well Gas Well Other	1 ~ 1	8. Well Number 140
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 JALMAT; TAN-YATES-7RVRS
4. Well Location K 1980 SOUTH 2361 WEST		
Unit Letter:feet from the line andfeet from the line		
Section 14 Township		NMPM County LEA
11. Elevation (Short	v whether DR, RKB, RT, GR, etc.) 3591	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK ☐ PLUG AND ABAND	I	SEQUENT REPORT OF:
TEMPORARILY ABANDON		
PULL OR ALTER CASING MULTIPLE COMPL	. CASING/CEMENT	JOB 🗆
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM		
OTHER:	☐ OTHER:	\checkmark
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:	ig Release Date:	
	<u> </u>	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE NO IN JOHN TO	TITLE Sr. Regulatory Analyst	DATE
Type or print name Deborah Marberry E-mail address: dmarberry@gracq.com PHONE: 713-452-2883		
For State Use Only		
APPROVED BY: Sill Sanamah TITLE Statt Manage DATE 4-18-2014 Conditions of Approval (if any):		

