

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

**HOBBS OCD** State of New Mexico  
Energy, Minerals and Natural Resources  
**APR 17 2014**  
**OIL CONSERVATION DIVISION**  
1220 South St. Francis Dr.  
**RECEIVED** Santa Fe, NM 87505

Form C-103  
Revised July 18, 2013

WELL API NO. 30-025-38944
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 309079
7. Lease Name or Unit Agreement Name JALMAT FIELD YATES SAND UNIT
8. Well Number 247
9. OGRID Number 243874
10. Pool name or Wildcat JALMAT; TAN-YATES-7RVRS

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
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 <u>J</u> : <u>1950</u> feet from the <u>SOUTH</u> line and <u>1711</u> feet from the <u>EAST</u> line Section <u>14</u> Township <u>22S</u> Range <u>35E</u> NMPM County <u>LEA</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>3577</u>	

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 type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input 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 checked="" 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.

PERFORMED MIT ON THE ABOVE MENTIONED WELL ON 3/26/14. 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 4/15/14  
Type or print name Deborah Marberry E-mail address: dmarberry@qracq.com PHONE: 713-452-2883  
**For State Use Only**

APPROVED BY: Bil Sennema TITLE Staff Manager DATE 4-18-2014  
Conditions of Approval (if any):

FOR RECORD ONLY

APR 22 2014

