Submit 1 Copy To Appropriate District Office	State of New	Mexico	Fo	rm C-103
<u>District I</u> – (575) 393-6161 1625 N French Dr., Hobbs, NM 88240	, 		Revised August 1, 2011 WELL API NO.	
<u>District II</u> – (575) 748-1283		ON DIVISION	30-015-23920	
811 S. Fırst St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	1220 South St. Francis Dr. Santa Fe, NM 87505		5. Indicate Type of Lease STATE ☐ FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460			6. State Oil & Gas Lease No.	
1220 S St Francis Dr., Santa Fe, NM 87505		B-8096		
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			7. Lease Name or Unit Agreement Name Conoco 7 State	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Injection			8. Well Number 005	
2. Name of Operator			9. OGRID Number	
Quantum Resources Management, LLC 3. Address of Operator			184860 10. Pool name or Wildcat	
1401 McKinney Street, Suite 2400, Houston, TX 77010			Millman-Yates-7 Rivers	
4. Well Location				
Unit LetterF:_			1740feet from theWest	line
Section 7	Township 19S	Range 29E	NMPM Eddy Co	ounty
	11. Elevation (Show whether 33	DR, RKB, RT, GR, etc 77' GR		and the second s
12. Check Appropriate Box to	Indicate Nature of Natice	Panart or Other I	Doto	•
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NOTICE OF INTENTION TO: SUB PERFORM REMEDIAL WORK ☑ PLUG AND ABANDON ☐ REMEDIAL WOR			SSEQUENT REPORT OF:	ACINIC [
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR			<u>—</u>	ASING []
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	IT JOB	_
DOWNHOLE COMMINGLE				
OTHER:		OTHER:		
	rk). SEE RULE 19.15.7.14 NM		nd give pertinent dates, including es ompletions: Attach wellbore diagra	
5 Year Mechanical Integrity	Test failed 06/13/12.			
Quantum Resources Manag tbg or pkr leak. Re-test casi		PU & bleed-down wel	l. Unseat packer. POOH w/tbg & pl	kr. Check for
NMOCD Artesia office will	be notified 48 hrs prior to coor	dinate scheduling re-t	est	
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C. 1D.	D: D 1	D .		
Spud Date:	Rig Release	e Date:		
I hereby certify that the information	above is true and complete to the	e best of my knowled	ge and belief.	
S.0~	\			
SIGNATURE Which I	watur TITLE_	Regulatory Analy	vst DATE7/5/12_	
Type or print nameErick A. Ro For State Use Only			q.comPHONE:(713) 63 ²	1-4612
APPROVED BY: RUHAN A	Nas title C	omputaves of	9168 DATE 4/17	1/12
Conditions of Approval (if any):				