Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
Office District I – (575) 393-6161	Energy, Minerals and Natural Resources	Revised August 1, 2011
1625 N French Dr., Hobbs, NM 88240 District II – (575) 748-1283		WELL API NO.
811 S First St, Artesia, NM 88210	OIL CONSERVATION DIVISION	30-015-02005  5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd, Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE
<u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S St Francis Dr., Santa Fe, NM 87505		647
	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	Mershon State
PROPOSALS.)	Cos Wall M Other Injection	8. Well Number
Type of Well: Oil Well     Name of Operator	Gas Well  Other Injection	9. OGRID Number
Quantum Resources Management,	LLC	243874
3. Address of Operator		10. Pool name or Wildcat
1401 McKinney Street, Suite 2400	, Houston, TX 77010	Artesia (Q-G-SA)
4. Well Location		
Unit Letter <u>E</u> :	2310 feet from the North line and	<del></del>
Section 21	Township 18-S Range 28-E	NMPM Eddy County
	11. Elevation (Show whether DR, RKB, RT, GR, etc. 3596' GR	
12. Check Appropriate Box to	o Indicate Nature of Notice, Report or Other D	<b>D</b> ata
NOTICE OF IN	ITENTION TO: SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON ☐ REMEDIAL WOR	•
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DR	
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEMEN	T JOB
DOWNHOLE COMMINGLE		
OTHER:		nical Integrity Test
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.		
proposed completion of recompletion.		
07/06/12-Ran mechanical integrity test. Pressured-up to 330 psi. Test witnessed by Richard Inge, NM OCD Artesia office,		
copy of chart attached. Returned well to injection.		
		RECEIVED
		RECEIVED
		OCT <b>26</b> 2012
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		NMOCD ARTESIA
Spud Date:	Rig Release Date:	,
Therefore a different information about the state of the different information and the different		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE (Illistr M. Wal. TITLE Sr. Regulatory Analyst DATE 10/24/12		
Type or print name Celeste G. Dale E-mail address: cdale@gracq.com PHONE: (432)683-1500		
Type or print name Celeste G. Dale E-mail address: cdale@qracq.com PHONE: (432)683-1500  For State Use Only		
Q locate C locate		
APPROVED BY:	TITLE COMPLIANCE	OYMUGR DATE 11/8/12
Conditions of Approval (if any):		•

