

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

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 August 1, 2011

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-015-02541
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 647-222
7. Lease Name or Unit Agreement Name Artesia Unit
8. Well Number 46
9. OGRID Number 243874
10. Pool name or Wildcat Artesia, Queen-Grayburg-San Andres

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 PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other Injection Well

2. Name of Operator
Quantum Resources Management, LLC

3. Address of Operator
1401 McKinney, Ste. 2400, Houston, TX 77010

4. Well Location
 Unit Letter **F** : **2310** feet from the **N** line and **2267** feet from the **W** line
 Section **3** Township **18-S** Range **28-E** NMPM County **Eddy**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3662 GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/></p> <p>DOWNHOLE COMMINGLE <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/></p> <p>CASING/CEMENT JOB <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>
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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.

10/30/13 MIRU plugging equipment.

10/31/13 ND wellhead. NU BOP. POH w/ IPC tbg. RIH and set 5 1/2 CIBP @ 1900'. Circulated hole w/ mud laden fluid. Spot 25 sx cement @ 1900-1700. POH w/ tbg. Perf'd csg. @ 580'. RIH and set pkr @ 286'/ Sqz'd 100 sx cement and displaced to 480'/ WOC.

11/01/13 Tagged plug @ 434'. Perf'd csg @ 60'. Set packer @ 30' and Sqz'd 45 sx cement w 2% CACL and circulated to surface. Riggged down moved off.

11/04/13 Moved in backhoe and welder. cut off wellhead and welded on Above Ground Dry Hole Marker. Backfilled cellar. Cut off and removed deadmen. Cleaned location and moved off.

Spud Date: Approved for plugging of well bore only. Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under Forms. www.cmnr.state.nm.us/oed. Rig Release Date:

RECEIVED
NOV 08 2013
NMOCD ARTESIA

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Celeste G. Dale TITLE Sr. Regulatory Analyst DATE 11/07/2013

Type or print name Celeste G. Dale E-mail address: cdale@qracq.com PHONE: 432-683-1500
For State Use Only

APPROVED BY: [Signature] TITLE Dist # Supervisor DATE 11/12/2013
 Conditions of Approval (if any):

Submit Subsequent C-103