

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

RECEIVED
 NOV 20 2013
 NM OGD ARTESIA

Form C-103
 Revised July 18, 2013
 90-015-02160

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.)		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		6. State Oil & Gas Lease No. NM 647
2. Name of Operator: Quantum Resources Management, LLC		7. Lease Name or Unit Agreement Name State 647 AC 711
3. Address of Operator 1401 McKinney St., Suite #2400, Houston, TX 77010		8. Well Number 083
4. Well Location Unit Letter <u>H</u> : <u>1650</u> feet from the <u>North</u> line and <u>990</u> feet from the <u>East</u> line Section <u>33</u> Township <u>18-S</u> Range <u>28-E</u> NMPM <u>Eddy</u> County		9. OGRID Number 243874
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3536' GL		10. Pool name or Wildcat Artesia; Queen-Grayburg-San Andres

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>	
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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.
 11/08/13 MIRU plugging equipment. ND wellhead, NU BOP, RIH w/ tbg. Pumped 70 bbls, No circulation. Spotted 40 sx cement w/ 2 % CACL @ 2550-2350. Pull out of cement. WOC. 11/11/13 Tagged plug 2588'. Spotted 40 sx cement w/ 2 % CACL @ 2588-2350 (per Randy Dade) Pull out of cement. WOC. Tagged plug @ 2310'. Pumped mud laden fluid. No circulation. Isolated holes in casing from 680' to 420'. Spotted 40 sx cement w/ 2 % CACL @ 700-500 (per Randy Dade). pull out of cement. WOC. 11/12/13 Tagged plug @ 452'. Pumped mud laden fluid. No circulation. Spotted 80 sx cement w/ 2 % CACL @ 452' to surface. WOC. Tagged plug @ 102'. Pumped 40 sx cement w/ 2 % CACL @ 102' to surface. WOC. Tagged @ 102'. Re-spotted 40 sx cement w/ 2% CACL @ 102 to surface. WOC. 11/13/13 Tagged plug @ 86'. Spotted 20 sx cement @ 86' to surface. ND BOB. Verified cement at surface. rigged down moved off. 11/18/13 Moved in backhoe and welder. Dug out cellar. Cut off wellhead. Welded on Above Ground Dry Hole Marker. Removed deadmen. Cleaned location. Moved off.

Spud Date: Rig Release 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 Form: www.emand.state.nm.us/ocd

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: 11/20/13

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

APPROVED BY: JR Dade TITLE: Dist. II Supervisor DATE: 11/20/2013
 Conditions of Approval (if any):

★ Submit Subsequent C-103