Office Opp 10 Appropriate District	State of New Me			Form C-103
District [Energy, Minerals and Natu	ral Resources	<u> </u>	October 13, 2009
1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NO. 30-015-01959	
1STREET 11 SOI W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION		5. Indicate Type of Lea	ica ·	
District III 1220 South St. Francis Dr.		STATE	FEE 🗍	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505		6. State Oil & Gas Leas		
1220 S. St. Francis Dr., Santa Fe, NM 87505			647	
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 Western Yates State	
PROPOSALS.) I. Type of Well: Oil Well Gas Well Other			8. Well Number 001	
Name of Operator Quantum Resources Management, LLC			9. OGRID Number 243874	
3. Address of Operator			10. Pool name or Wildcat	
1401 McKinney St. Ste 2400 Houston, TX 77010			Artesia; Queen-Grayburg-San Andres	
4. Well Location				
Unit LetterF:	1650feet from theNorth			
Section 20		Range 28E	NMPM	County Eddy
	 Elevation (Show whether DR, 3600' GL 	RKB, RT, GR, etc	:)	
	3000 GL			
12. Check Ap	propriate Box to Indicate N	ature of Notice	, Report or Other Data	<u>.</u>
-	- •		BSEQUENT REPOR	
	<u> </u>			
ERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WO			ERING CASING	
	CHANGE PLANS	1	RILLING OPNS. PAN	ID A
	MULTIPLE COMPL	CASING/CEMEN	11 108	
DOWNHOLE COMMINGLE				
OTHER:		OTHER:		
Describe proposed or complet				
). SEE RULE 19.15.7.14 NMAC	C. For Multiple Co	ompletions: Attach wellbo	re diagram of
proposed completion or recon	ipletion.			
Quantum Resources Management, LLC	has returned this well to produc	tion as follows:		
MIRU PU. ND WH, NU BOP. Run mexisting perfs 1983' – 2274' w/ 1500 g	al 15% HCl acid. Swab back load			
1/2 pump and /4 Tod string. REMO	· U.		_	
				RECEIVED Jul 06 2011
				JUL 06 2011
[
Spud Date: 6/2/11	Rig Release Da	ite: 6/8/11	1101	MOCD ARTESI
I hereby certify that the information ab	ove is true and complete to the be	est of my knowled	ge and belief.	
	0			
SIGNATURE Yolanda 1	TITLE Regi	ulatory Supervisor	DATE	07/01/11
Type or print name Yolanda Perez	E-mail address:	vperez@oraco co	m PHONE: <u>(713</u>	634-4696
For State Use Only	D Hall addi 033,	, por ontegral and to		<u></u>
COPPED BY OUGLA J. Conditions of Approval (if any):	Now TITLE Fil	1d superv	isof date	7-14-11