

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. 30-015-20148
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. NM 647
7. Lease Name or Unit Agreement Name Camp
8. Well Number 224
9. OGRID Number 243874
10. Pool name or Wildcat Artesia, Queen-Grayburg-San Andres
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3549' GR

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

2. Name of Operator
Quantum Resources Management, LLC

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

4. Well Location
 Unit Letter **K** : **2310** feet from the **South** line and **2310** feet from the **West** line
 Section **32** Township **18-S** Range **28-E** NMPM County **Eddy**

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"/>		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"/>	OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>

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.

File Current C103 P&A for final inspection

07/19/13 MI plugging equipment.
 07/22/13 RU plugging equipment. POH w/ rods . NU BOP. POH w/ tbg. RIH w/ gauge ring to 1940'. RIH and set 5 1/2 CIBP @ 1903'.. Spot 25 sx cement on top of plug. POH w/ tbg.
 07/23/13 Set packer @ 30' Pressured up on csg to 500 psi. Release pressure. Perf'd csg @ 875'. Set packer @ 30' and pressured up on csg to 1000 psi. Pulled packer. Spotted 25 sx cement w/ 2 % CACL @ 906-775, (per Randy Dade w/ OCD). WOC. Tagged plug @ 687'.. POH. Perf'd csg @ 567'. Set packer and pressured up to 1000 psi. Released packer. Spotted 25 sx cement w/ 2 % CACL @ 625-407, (per Randy Dade). WOC. Tagged plug @ 425'. POH.. Perf'd csg. @ 60'. Sqz'd 50 sx cement and circulated to surface. rigged down and moved off.
 07/24/13 Moved in welder and helper. Dug out cellar. Cut off well head. Welded on Above Ground Dry Hole Marker. Back filled cellar. Removed dead men. cleaned location and moved off.

Spud Date: 07/19/13

Rig Release Date: 07/24/13

RECEIVED
 JUL 30 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 07/29/13

Type or print name Celeste G. Dale E-mail address: cdale@qraccq.com PHONE: 432-683-1500

APPROVED BY: [Signature] TITLE: DIST # Supervisor DATE 8/1/2013

Conditions of Approval (if any):

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.emnrd.state.nm.us/ocd.

Form provided by Forms On-A-Disk · (214) 340-9429 · FormsOnADisk.com

** Submit Subsequent C-103 for Final Inspection*

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