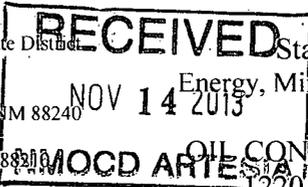


Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 748-1283  
 811 S. First St., Artesia, NM 88211  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV - (505) 476-3460  
 1220 S. 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

Form C-103  
 Revised July 18, 2013

WELL API NO.	30-015-10077
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	647
7. Lease Name or Unit Agreement Name	Artesia Unit
8. Well Number	6
9. OGRID Number	243874
10. Pool name or Wildcat	Artesia; Queen-Grayburg-San Andres
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	3663' GL

**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 St., Suite #2400, Houston, TX 77010

4. Well Location  
 Unit Letter M : 330 feet from the S line and 330 feet from the W line  
 Section 30 Township 17-S Range 28-E NMPM County Eddy

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <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.

11/01/13. MIRU plugging equipment.

11/04/13 Dug out cellar. NU flange and BOP. RIH w/ 4 1/2 gauge ring and tagged @ 1093'. POH. RIH w/ tbg open ended to 1731' and spotted 25 sx cement @ 1731'- 1400' (per EL Gonzales). WOC.

11/05/13 Tagged plug @ 1502'. Circulated hole w/ mud laden fluid. POH w/ tbg. RIH and set packer @ 500'. Pressured up to 500 psi. POH w/ packer. Perf'd csg @ 544'. RIH and set packer @ 444'. Sqz'd 35 sx cement @ 544-450. WOC. NO Tag. Spotted 35 sx cement @ 544'. (per Rand Dade). WOC.

11/06/13 Tagged plug @ 464'. Set packer @ 34'. Sqz'd 85 sx cement @ 464-surface. WOC. Tagged plug @ 63'. RIH to 63'. Spotted 50 sx cement @ 63-surface. Riggged down moved off.

11/08/13 Moved in welder. dug out cellar. Cut off well head. Welded on Above Ground Dry Hole Marker. (Randy Dade). Back filled cellar. Dug up and cut off dead men. cleaned location and 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 Forms: www.emnrd.state.nm.us/oed

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 11/13/2013

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

APPROVED BY: R. Dade TITLE Dist. II Supervisor DATE 11/19/2013

Conditions of Approval (if any):

\* Submit Subsequent C103