

State of New Mexico
Energy, Minerals and Natural ResourcesOIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

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.)		WELL API NO. 30-015-20327
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Injection <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Quantum Resources Management, LLC		6. State Oil & Gas Lease No. 647
3. Address of Operator 1401 McKinney St. Ste 2400 Houston, TX 77010		7. Lease Name or Unit Agreement Name Artesia Unit
4. Well Location Unit Letter <u>K</u> : <u>2200</u> feet from the <u>South</u> line and <u>2200</u> feet from the <u>West</u> line Section <u>3</u> Township <u>18S</u> Range <u>28E</u> NMPM County <u>Eddy</u>		8. Well Number <u>67</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3657' GL		9. OGRID Number 184860
		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 ☒ PLUG AND ABANDON ☐
 TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
 PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
 DOWNHOLE COMMINGLE ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
 COMMENCE DRILLING OPNS. ☐ P AND A ☐
 CASING/CEMENT JOB ☐

OTHER: ☐

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.

Quantum Resources Management, LLC proposes to restore this well to active service.

MIRU PU. CO well to 2460' PBTD. Land 2-3/8" IPC injection string w/ pkr @ 2100'. Acidize w/ 2500 gal. Return well to injection.

Notify OCD 24 hrs . prior to
any work done.

THE WELL MUST PASS AN MIT PRESSURE TEST
PRIOR TO RETURNING TO INJECTION. CONTACT
THE OCD SO TEST MAY BE WITNESSED.

RECEIVED

JAN 31 2011

NMOCD ARTESIA

Spud Date:

Rig Release Date:

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

SIGNATURE Erick A. Rodriguez TITLE Regulatory Analyst DATE 1/28/10

Type or print name Erick A. Rodriguez E-mail address: erodriguez@qracq.com PHONE: (713) 634-4612

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APPROVED BY: Richard Ingram TITLE Compliance Officer DATE 2/10/11
 Conditions of Approval (if any):