Submit 1 Copy 10 Appropriate District	State of New Me		Form C-103
District 1 Energy, Minerals and Natural Resources 1625 N French Dr., Hobbs, NM 8824040BBS OCCUPY			October 13, 2009 WELL API NO.
District II  1301 W. Grand Ave., Artesia, NM 88210  District III  1000 Rio Brazos Rd., Aztec, NM 8741 MAR  O 1 2014 220 South St. Francis Dr.  Santa Fe NM 87505			30-025-08647
			5. Indicate Type of Lease STATE S FEE
District iv			6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505 DECEIVED			.25203
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name
(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.)			Cone Jalmat Yates Pool Unit
1. Type of Well: Oil Well Gas Well Other Injection			8. Well Number 102
2. Name of Operator			9. OGRID Number
Quantum Resources Management, LLC  3. Address of Operator			243874 10. Pool name or Wildcat
1401 McKinney St. Ste 2400 Houston, TX 77010			Tansill, Yates, 7-Rivers
4. Well Location			
Unit Letter C: 660 feet from the North line and 1980 feet from the West line			
Section 24 Township 22S Range 35E NMPM County Lea			
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3614' GL			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:			
PERFORM REMEDIAL WORK ☑ PLUG AND ABANDON □			
			und Injection Control Program Manual
			er shall be set within or less than 100
DOWNHOLE COMMINGLE   feet of the up			permost injection perfs or open hole.
OTHER:			1
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 intends to MIRUPU & bleed well down. Unset packer, POOH w/tubing			
& packer, check for tubing or packer leak. Test casing for leaks if necessary.			
The Oil Conservation Division			ondition of Approval: notify
			OCD Hobbs office 24 hours
MOST DE MOTETED AV HOURS			
Prior to the beginning of operations		prior of running MIT Test & Chart	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE Yolanda lane TITLE Regulatory Supervisor DATE 3/01/12			
Type or print nameYolanda Perez E-mail address:yperez@qracq.com PHONE:(713) 634-4696			
For State Use Only			
APPROVED BY: Stone has TITLE STANT MATE 3-1-20/2			
Conditions of Approval (If any):	111LE	-, , , , ,	VALLE /-CE/L
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