Submit a Copy to Appropriate District HOBBS OCD State of New Mexico	Form C-103
	October 13, 2009
1625 N. French Dr., Hobbs, NM 88240 MAR 0 1 2012	WELL API NO. 30-025-08608
District I 1625 N. French Dr., Hobbs, NM 88240 MAR 0 District II 1301 W. Grand Ave., Artesia, NM 88210 District III 12012 OIL CONSERVATION DIVISION 1220 South St. Francis Dr	5. Indicate Type of Lease
District III 1220 South St. Francis Dr.	STATE STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 RECEIVED Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	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	Cone Jalmat Yates Pool Unit
PROPOSALS.)	0. W. II.N. 1. 100
1. Type of Well: Oil Well Gas Well Other Injection	8. Well Number 108
2. 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	Tansill, Yates, 7-Rivers
4. Well Location	
Unit LetterO:660feet from theSouth line and	1980feet from theEastline
Section 13 Township 22S Range 35E	NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.,	
3585' GL	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
· · · · · · · · · · · · · · · · · · ·	Report of Other Bala
	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☑ PLUG AND ABANDON ☐ REMEDIAL WOR	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI	<u></u>
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN	T JOB 📋
DOWNHOLE COMMINGLE	
OTHER: OTHER:	
13. Describe proposed or completed operations. (Clearly state all pertinent details, and	d give pertinent dates, including estimated date
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Con	npletions: 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.	
ou a Alan Division	
TIL - / NI / 'OMCOM/OTION THVISHIR	Classification of American models
The Oil Conservation Division	Condition of Approval: notify
MUST BE NOTIFIED 24 Hours	Condition of Approval: notity OCD Hobbs office 24 hours
MUST BE NOTIFIED 24 Hours	OCD Hobbs office 24 hours
MUST BE NOTIFIED 24 Hours	OCD Hobbs office 24 hours rior of running MIT Test & Chart
MUST BE NOTIFIED 24 Hours	OCD Hobbs office 24 hours
MUST BE NOTIFIED 24 Hours Prior to the beginning of operations Prior to the beginning of operations Prior to the beginning of operations	OCD Hobbs office 24 hours rior of running MIT Test & Chart / OO FROM TOP FEET
MUST BE NOTIFIED 24 Hours Prior to the beginning of operations Prior to the beginning of operations	OCD Hobbs office 24 hours rior of running MIT Test & Chart / OO FROM TOP FEET
MUST BE NOTIFIED 24 Hours Prior to the beginning of operations Plant I hereby certify that the information above is true and complete to the best of my knowledge	OCD Hobbs office 24 hours rior of running MIT Test & Chart / OO / Rom Top fact e and belief.
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Prior to the beginning of operations Prior to the beginning of operations I hereby certify that the information above is true and complete to the best of my knowledges SIGNATURE Whenda leve	OCD Hobbs office 24 hours rior of running MIT Test & Chart / OO From Top feet e and belief. DATE_3/01/12
Prior to the beginning of operations Prior to the beginning of operations I hereby certify that the information above is true and complete to the best of my knowledges SIGNATURE Thereby Lenda lend TITLE Regulatory Supervisor	OCD Hobbs office 24 hours rior of running MIT Test & Chart / OO From Top feet e and belief. DATE_3/01/12
Prior to the beginning of operations Prior to the beginning of operations I hereby certify that the information above is true and complete to the best of my knowledges SIGNATURE Whenda leves	OCD Hobbs office 24 hours rior of running MIT Test & Chart / OO From Top Fart e and belief. DATE _ 3/01/12 PHONE: _ (713) 634-4696_
Prior to the beginning of operations Prior to the beginning of operations I hereby certify that the information above is true and complete to the best of my knowledges SIGNATURE Yolanda levez	OCD Hobbs office 24 hours rior of running MIT Test & Chart / OO From Top feet e and belief. DATE_3/01/12