Submit 1 Copy To Appropriate District	State of New Mexico		Form C-103	
District 1 – (575) 393-6161	Energy, Minerals and Natural Re	esources	Revised August 1, 2011	
Office  District 1 – (575) 393-6161  1625 N French Dr., Hobbs, NM 88240BBS OCD  District II – (575) 748-1283		WELL API NO. 30-025-08608		
811 S. First St., Artesia, NM 88210		ISION 5 Indicate Type of	Lease	
District III - (505) 334-6178 AUG 1 3 2012 1220 South St. Francis Dr.		or. STATE		
District IV – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas	Lease No.	
1220 S St. Francis Dr , Santa Fe, NM RECEIVE 87505	D			
	AND REPORTS ON WELLS	7. Lease Name or U	Jnit Agreement Name	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		CK TO A	/	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)		Conc Januar Tates		
1. Type of Well: Oil Well Gas Well Other Injection Well		8. Well Number	108	
2. Name of Operator		9. OGRID Number		
Quantum Resources Management, LLC		243874	<u>/</u>	
3. Address of Operator 1401 McKinney St., Suite 2400, Houston, TX 77010		10. Pool name or V Jalmat; Tan-Yates-7		
<u> </u>	, 17 77010	Januar, Fan- Fates-7	IXVIS	
4. Well Location	60 fact from the South	ing and 1000 fact from t	he East line	
		ine and 1980 feet from t		
Section 13	Township 22S Ran		County Lea /	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3585' GR				
12. Check Appro	priate Box to Indicate Nature	of Notice, Report or Other D	<b>D</b> ata	
NOTICE OF INTEN	TION TO:	SUBSEQUENT REP	ORT OF:	
PERFORM REMEDIAL WORK ☑ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐				
<del>-</del> -			P AND A	
<del></del>	LTIPLE COMPL   CAS	ING/CEMENT JOB		
DOWNHOLE COMMINGLE		Per Underground Injection Co-	Program Manual	
OTHER:		•	<u>-</u>	
13. Describe proposed or completed of	operations. (Clearly state all pertine	nt details, and give pertinent dates	including estimated date	
of starting any proposed work).	SEE RULE 19.15.7.14 NMAC. For	Missipol the uppermost injustion	niperasion open hole.	
proposed completion or recomple	tion.			
Quantum proposes to bleed pressi	ure from casing & re-test packer &	casing to 500# for 30 minutes. If v	vell fails to test, will then	
			,	
MIRUPU & check tubing, packer	, and casing for leaks, re-run packer	and re-test well.		
		Condition of Annua		
The Oil Conservation Division			ndition of Approval: notify	
MUST BE NOTIFIED 24 Hours		OCD Hobbs office	CD Hobbs office 24 hours	
Prior to the beginning of o		prior of running MIT	Test & Chart	
Prior to the beginning of o	betarions	brior or running with	1 WE GE CHAIL	
			_	
Carry Dates	Dia Dalama Data			
Spud Date:	Rig Release Date:			
-				
I hereby certify that the information above	is true and complete to the best of t	ny knowledge and belief		
Thereby certify that the information above	is true and complete to the best of i	ny knowledge and benef.		
	1			
SIGNATURE Culeste A. A.	TITLE Sr. Regulato	ry Analyst DATE	E_08/10/12	
Type or print name Calaste C. Dala	E mail address	idala@araaa som DIION	NE. 422 692 1500	
Type or print name Celeste G. Dale  For State Use Only	E-mail address:	edale@gracq.comPHON	NE: <u>432-683-1500</u>	
1 of State Ost Offy			$\sim$ /	
APPROVED BY	TITLE 187. M	DAT.	5-14-2012	
Conditions of Approval (if any):	-	AUG 1 5 2	012	
/ //		AUG . J	1	