

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 88210  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87401  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised August 1, 2011

HOBBS OCD  
 OCT 25 2012

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

WELL API NO. 30-025-38917
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Cone Jalmat Yates Pool Unit
8. Well Number 128
9. OGRID Number 243874
10. Pool name or Wildcat Jalmat; TAN-Yates-7 RVRS
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3588' 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  Injection

2. Name of Operator  
Quantum Resources Management, LLC

3. Address of Operator  
1401 McKinney Street, Suite 2400, Houston, TX 77010

4. Well Location  
 Unit Letter I : 1910 feet from the South line and 725 feet from the East line  
 Section 13 Township 22S Range 35E NMPM Lea County

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <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.

06/30/12-TTL & TGSM, NOTIFIED OCD 48 HRS IN ADVANCE OF WELL ACTIVITY. SET FRAC TANK & BLEED PRESSURE OFF OF CASING & TUBING. MIRUPU, NDWH, PICK UP ON TUBING FOUND NO TENSION PULLED ON PACKER, PULL TENSION ON PACKER, NUWH, RU PUMP TRUCK, LOAD CSG (STANDING FULL OF FLUID), HOOK UP CHART RECORDER & PRESSURE UP ON CSG/PKR TO 560# FOR 30min., TESTED GOOD, RD CHART RECORDER & PUMP TRUCK, CLOSE WELL IN & WAIT ON EMNRD/OCD TO WITNESS PRESSURE TEST. SION TTY

07/02/12-TTL & TGSM, NOTIFIED OCD OF WELL ACTIVITY. NO PRESSURE THIS MORNING, NEED TO LOWER TBG, NDWH & FOUND PACKER SLACKED OFF AGAIN, CAN'T GET PKR TO RESET, NU BOP, RIH & HAD LIGHT TAG AT 3555', TALLY & POOH w/110 JNTS 2 3/8" J55 8rd DUOLINE 20 INJ. TBG & 5 1/2" x 2 3/8" ARROWSET 1X PACKER, WAITING ON TBG TESTER & TUBING SERVICE MAN, CLOSE WELL IN & SION

07/03/12-TTL & TGSM, NOTIFIED OCD OF WELL ACTIVITY. TRAVEL TO ODESSA TO PICKUP SEAL RINGS FOR 2 3/8" DUOLINE 20 TBG, RU TBG TESTERS, RIH w/ 5 1/2" x 2 3/8" NICKLE PLATED AD-1 PKR, 110 JNTS 2 3/8" EUE J55 8rd DUOLINE 20 TBG, ND BOP, RU PUMP TRUCK & CIRCULATE 85bbls 2%KCL w/20 gal 606 PACKER FLUID, SET PKR IN 18k TENSION, FLANGE UP WELL HEAD, INSTALL CHART RECORDER FOR PRE-TEST PRESSURE TEST, LOAD CSG & PUT 560# ON CSG & PKR FOR 30min, LOST 0# IN 30min, RD PUMP TRUCK, CLOSE WELL IN & SION. WIND BLOWING 40mph & RAINING, CAN'T RIG DOWN TTY. CALLED OCD TO WITNESS MIT TEST, THEY COULD NOT MAKE IT TO LOCATION TODAY. THEY WILL WITNESS MIT TEST ON THURSDAY 7/5/12 @9:00AM

07/04/12-RDMO, WAITING ON NM OCD TO WITNESS MIT ON 07/05/12@9:00 A.M.

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 Celeste G. Dale TITLE Sr. Regulatory Analyst DATE 10/24/12  
 Type or print name Celeste G. Dale E-mail address: cdale@qracq.com PHONE: 432-683-1500  
**For State Use Only**  
 APPROVED BY: [Signature] TITLE Dist. Mgr DATE 2-21-2013  
 Conditions of Approval (if any):  
 FEB 21 2013

# WELL DIAGRAM

QUANTUM RESOURCES MANAGEMENT, LLC

**Lease Name** – Cone Jalmat Yates Pool Unit

**API** – 30 025 38917

**Location** – Unit I 1910' FSL & 725' FEL, Section 13, T 22S, R 35E NMPM Lea Country, NM

**Spud** –01/28/2009

**Well** - 128

