

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 87410  
 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  
 August 1, 2011

RECEIVED  
 JUL 24 2013  
 JOBS OCD

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

WELL API NO. <b>30-025-08610</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>B-11223-1</b>
7. Lease Name or Unit Agreement Name <b>Cone Jalmat Yates Pool Unit</b>
8. Well Number <b>111</b>
9. OGRID Number <b>243874</b>
10. Pool name or Wildcat <b>Jalmat; Tan-Yates-7 Rivers</b>

**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

2. Name of Operator  
**Quantum Resources Management, LLC**

3. Address of Operator  
**1401 McKinney St. Ste. 2400, Houston, TX 77010**

4. Well Location  
 Unit Letter **P** : **660** feet from the **South** line and **660** feet from the **East** line  
 Section **13** Township **22-S** Range **35-E** NMPM County **Lea**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
**3595' GR**

Approved for Plugging of well bore only. Liability under bond is retained pending receipt of C-103 (Specifically for Subsequent Report of Well Plugging) which may be found at OCD web page www.emnrd.state.nm.us/oocd

TEMPORARY PULL OR ALTER DOWNHOLE COMMUNICATION TO:

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

ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
<input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
<input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	<input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operations (state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULES OF THE BOARD OF GEOPHYSICAL TECHNICIANS, 7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

07/11/13 MIRU plugging equipment. rig up.  
 07/12/13 ND wellhead. NU BOP. RIH w/ gauge to 3600'. RIH w/ tbg and 5 1/2 CIBP and set @ 3600'. Spotted 35 sx cement @ 3600-3350. (per Mark Whitaker w/ OCD) Circulated hole w/ mud laden fluid. POH w/ tbg. Perf'd csg @ 1704'. Set packer @ 1404', Sqz'd 45 sx w/ 1 bag LCM and 2 % CACL. WOC.  
 07/13/13 Tagged plug @ 1602'. POH. Set packer @ 350'. Tested csg to 500 psi. Held. Per'd csg @ 350'. Set packer @ 62'. Sqz'd 130 sx cement and circulated to surface. Rigged Down and moved off  
 07/22/13 Moved in welder and helper. dug out cellar. Cut off well head. Welded on Above Ground Dry Hole Marker. Backfilled cellar. removed dead men. cleaned location and moved off.

Spud Date: **07/11/13** Rig Release Date: **07/22/13**

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 07/23/13

Type or print name Celeste G. Dale E-mail address: cdale@gracq.com PHONE: 432-683-1500

APPROVED BY: [Signature] TITLE DIST. MGR DATE 7-29-2013

M RM.