

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
 Revised August 1, 2011

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

AUG 21 2013

WELL API NO. 30-025-08608
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 108
9. OGRID Number 243874
10. Pool name or Wildcat Jalmat; Tan-Yates-7 Rvrs
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3585' GR

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 Well

2. Name of Operator
Quantum Resources Management, LLC

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

4. Well Location
 Unit Letter O : 660 feet from the South line and 1980 feet from the East line
 Section 13 Township 22S Range 35E NMPM County Lea

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input 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 PLUG <input type="checkbox"/>	PER UNDERGROUND INJECTION CONTROL PROGRAM MANUAL
DOWNHOLE COMMINGLE <input type="checkbox"/>			11.6 C Packer shall be set within or less than 100 feet of the uppermost injection perfs or open hole.
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.

Quantum Resources Management, LLC proposes to bleed pressure from casing & re-test packer & casing to 500# for 30 minutes. If well fails to test, will then MIRUPU & check tubing, packer, and casing for leaks, re-run packer and re-test well.
If well fails to test an NOI to P&A will be filed.

COA
Conditions of Approval - 90 Days
Repair OR Plug and Abandon Well
 - By 11/21/2013
 JAS
 8/21/2013

The Oil Conservation Division
MUST BE NOTIFIED 24 Hours

Condition of Approval: notify
OCD Hobbs office 24 hours

Spud Date: **Prior to the beginning of operations**

Rig Release Date: **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 Erick A. Rodriguez TITLE Regulatory Analyst DATE 8/21/13

Type or print name Erick A. Rodriguez E-mail address: erodriguez@qracq.com PHONE: (713) 634-4612
For State Use Only

APPROVED BY [Signature] TITLE Dist. MGR DATE 8-21-2013
 Conditions of Approval (if any):

AUG 21 2013

k

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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"/>	

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If well fails to test an NOI to P&A will be filed.

11/03 NOI TO REP. APPROV 6/4/13 SAME!
 " " " " 8/14/12 SAME!
 " " " " 3/11/12 SAME.

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 Erick A. Rodriguez TITLE Regulatory Analyst DATE 8/21/13

Type or print name Erick A. Rodriguez E-mail address: erodriguez@qracq.com PHONE: (713) 634-4612

APPROVED BY: _____ TITLE _____ DATE _____
 Conditions of Approval (if any): _____

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