Submit 1 Copy To Appropriate District	State of	New Mexico	Form C-103
Office <u>District I</u> – (575) 393-6161  1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283  OH. CONSERDIA TION DIVISION			Revised August 1, 2011
			WELL API NO. 30-025-08608
811 S. First St., Artesia, NM 88210	PLLS First St. Artesia NIM 98210 OIL CONSERVATION DIVISION		
District III - (505) 334-6178  1000 Rio Brazos Rd., Aztec, NM 87410  E107 V \$ \$\frac{10}{20}\$ South St. Francis Dr.			5. Indicate Type of Lease  STATE FEE FEE
District IV – (505) 476-3460 Santa Fe, NM 87505			6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	HOBBS OCD		
Į.	TICES AND REPORTS OF		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 <u>C-101) FO</u> R SUCH			
PROPOSALS.)			Cone Jalmat Yates Pool Unit
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  3. Address of Operator			243874 10. Pool name or Wildcat
1401 McKinney St., Suite 2400, Houston, TX 77010			Jalmat;Tan-Yates-7 Rvrs
4. Well Location			January Tures / Tevrs
Unit Letter O: 660 feet from the South line and 1980 feet from the East line			
Section 13	Township	<del></del>	
Section 13			
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3585' GR			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK			
			RILLING OPNS. P AND A
PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB			
DOWNHOLE COMMINGLE			
OTHER:		OTHER: Mech	anical Integrity Test
	pleted operations. (Clearly		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.			
08/23/13-Notified NM OCD, Mark Whitaker, of intent to perform MIT. Mark advised to proceed with testing. Pressured well up to 650#			
for 30 minutes. Original chart is attached.			
	D: D		
Spud Date:	Rig R	Release Date:	
			<del></del>
I hereby certify that the information	above is true and complet	e to the hest of my knowled	ige and helief
Thereby certify that the information	above is true and complete	e to the best of my knowled	ige and benef.
1	, 0		
SIGNATURE (ullate of	wah TITL	E_Sr. Regulatory Analyst	DATE8/29/13
		laddragg adala@a	DHONE: (422) 692 1500
Type or print name Celeste G. I	<u>Jaic</u> E-mai	l address:cdale@qrace	n.com PHONE: (432) 683-1500
Some oscomy	$\mathcal{I}$	a /	
APPROVED BY:	TITL	EDIST MG	DATE 9-14-2013
Conditions of Approval (if any):			
' /			

SEP 19 2013

