

Submit 1 Copy To Appropriate District Office

HOBBS OGD

State of New Mexico

Form C-103

District I - (575) 393-6161

Energy, Minerals and Natural Resources

Revised July 18, 2013

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

APR 17 2014

RECEIVED

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO. 30-025-37498
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 309079
7. Lease Name or Unit Agreement Name JALMAT FIELD YATES SAND UNIT
8. Well Number 224
9. OGRID Number 243874
10. Pool name or Wildcat JALMAT;TAN-YATES-7RVRS

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 *inj*

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 P : 681 feet from the SOUTH line and 631 feet from the EAST line
Section 11 Township 22S Range 35E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3600

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

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK PLUG AND ABANDON
 TEMPORARILY ABANDON CHANGE PLANS
 PULL OR ALTER CASING MULTIPLE COMPL
 DOWNHOLE COMMINGLE
 CLOSED-LOOP SYSTEM
 OTHER:

SUBSEQUENT REPORT OF:

- REMEDIAL WORK ALTERING CASING
 COMMENCE DRILLING OPNS. P AND A
 CASING/CEMENT JOB
 OTHER:

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.

PERFORMED MIT ON THE ABOVE MENTIONED WELL ON 3/25/14. ORIGINAL CHART PREVIOUSLY SUBMITTED.

Spud Date:

[Empty box for Spud Date]

Rig Release Date:

[Empty box for Rig Release Date]

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

D. Marberry

TITLE Sr. Regulatory Analyst

DATE 4/14/14

Type or print name Deborah Marberry

E-mail address: dmarberry@gracq.com

PHONE: 713-452-2883

For State Use Only

APPROVED BY:

Bill Sananah

TITLE Staff Manager

DATE 4-18-2014

Conditions of Approval (if any):

APR 21 2014
FOR RECORD ONLY

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