

Submit 1 Copy To Appropriate District Office

State of New Mexico

Form C-103

District I - (575) 393-6161

HOBBS OCD

Energy, Minerals and Natural Resources

Revised July 18, 2013

1625 N. French Dr., Hobbs, NM 88240

District II - (575) 748-1283

APR 17 2014

OIL CONSERVATION DIVISION

811 S. First St., Artesia, NM 88201

1220 South St. Francis Dr.

District III - (505) 334-6178

Santa Fe, NM 87505

1000 Rio Brazos Rd., Aztec, NM 87410

District IV - (505) 476-3460

RECEIVED

1220 S. St. Francis Dr., Santa Fe, NM 87505

WELL API NO.

30-025-38926

5. Indicate Type of Lease

STATE  FEE

6. State Oil & Gas Lease No.

309079

7. Lease Name or Unit Agreement Name

JALMAT FIELD YATES SAND UNIT

8. Well Number 233

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

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 : 688 feet from the SOUTH line and 2375 feet from the EAST line  
Section 02 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
- TEMPORARILY ABANDON
- PULL OR ALTER CASING
- DOWNHOLE COMMINGLE
- CLOSED-LOOP SYSTEM
- OTHER:
- PLUG AND ABANDON
- CHANGE PLANS
- MULTIPLE COMPL

SUBSEQUENT REPORT OF:

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

*Deborah Marberry*

TITLE Sr. Regulatory Analyst

DATE 4/14/14

Type or print name Deborah Marberry

E-mail address: dmarberry@qracq.com

PHONE: 713-452-2883

For State Use Only

APPROVED BY:

*Bel Sewanah*

TITLE Staff Manager

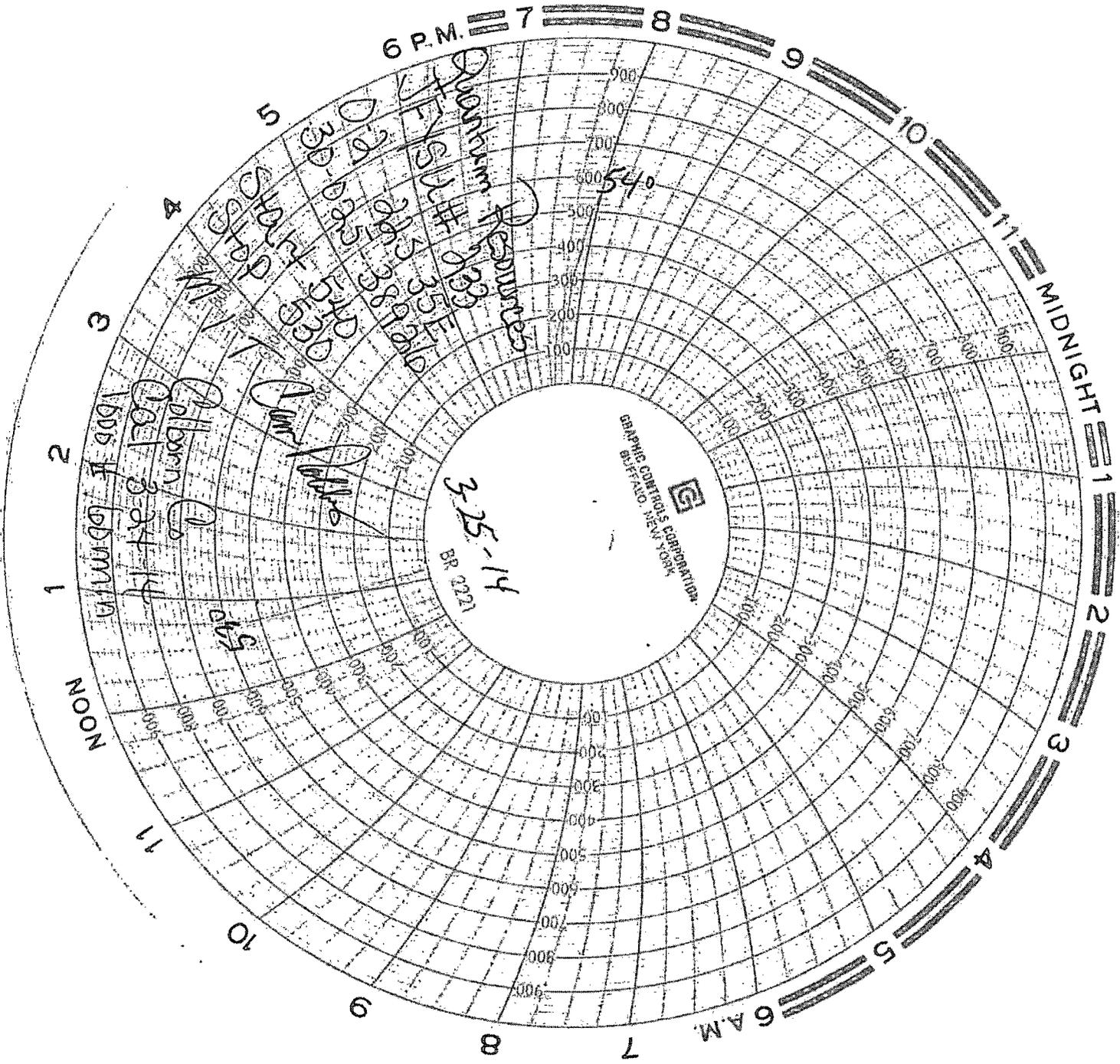
DATE 4-18-2014

Conditions of Approval (if any):

FOR RECORD ONLY

APR 21 2014

*[Handwritten mark]*



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