

Submit 1 Copy To Appropriate District Office

State of New Mexico

Form C-103

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

HOBBS OGD
APR 17 2014
RECEIVED

Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Revised July 18, 2013

WELL API NO. 30-025-08644
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 309183
7. Lease Name or Unit Agreement Name CONE JALMAT YATES POOL UNIT
8. Well Number 202
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 B : 660 feet from the NORTH line and 1980 feet from the EAST line
Section 24 Township 22S Range 35E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3573

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input 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/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input checked="" 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.

PERFORMED MIT ON THE ABOVE MENTIONED WELL ON 3/26/14. ORIGINAL CHART PREVIOUSLY SUBMITTED.

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 *D. 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

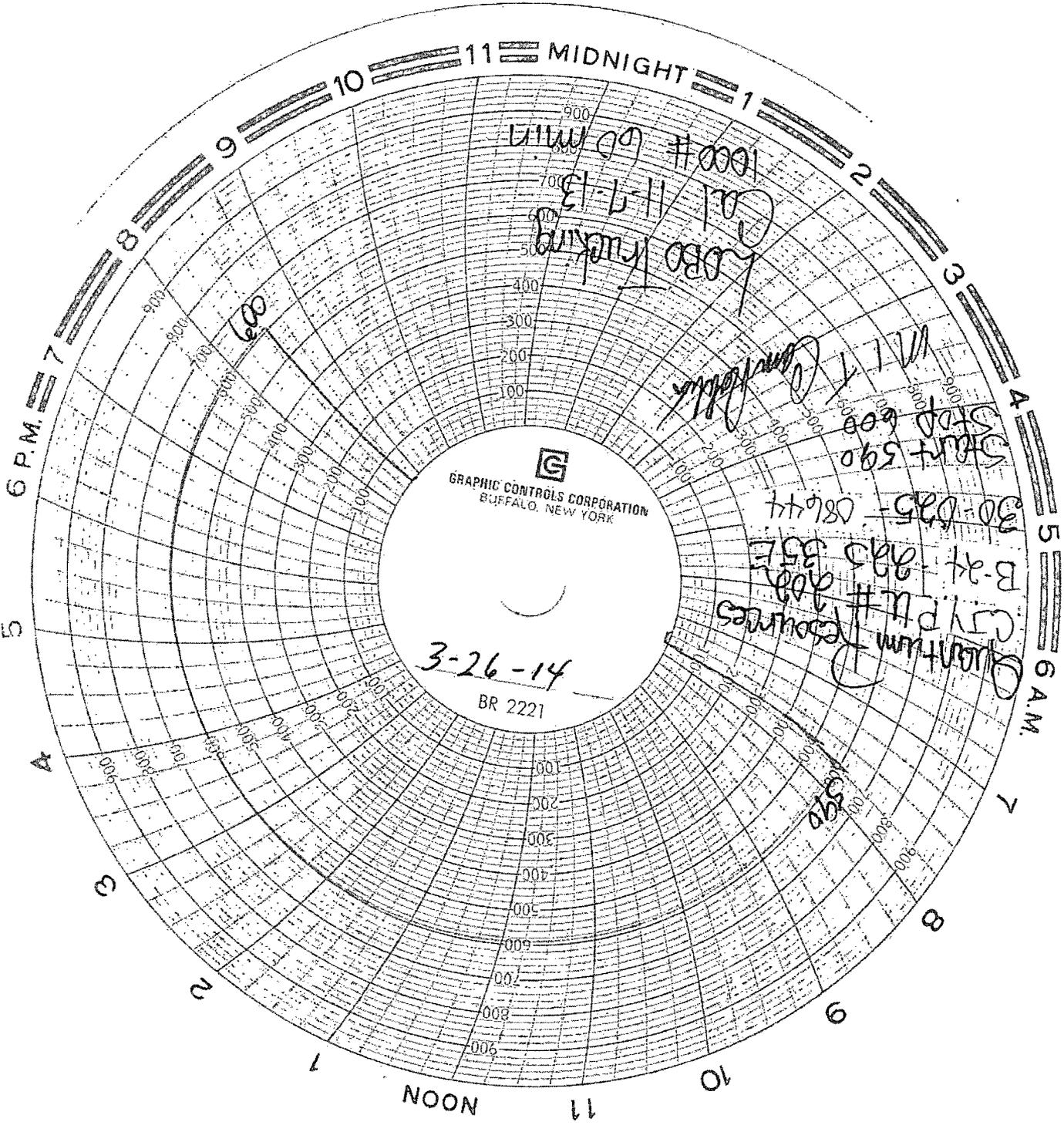
For State Use Only

APPROVED BY: *Bill Sanamsh* TITLE Staff Manager DATE 4-18-2014

Conditions of Approval (if any):

FOR RECORD
APR 21 2014

Handwritten mark at the top left corner.




 GRAPHIC CONTROLS CORPORATION
 BUFFALO, NEW YORK

3-26-14
 BR 2221

1000 # of min
 Call 1-7-13
 LORO Trucking

START 590
 STOP 600
 M/T

30-025-08644
 B-xt 200 35E
 Quantum Resources
 CITY PL # 200