

Submit 1 Copy To Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources

Form C-103 Revised July 18, 2013

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

HOBBBS OCD
APR 17 2014

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

WELL API NO. 30-025-36977
5. Indicate Type of Lease STATE [X] FEE []
6. State Oil & Gas Lease No. 309079
7. Lease Name or Unit Agreement Name JALMAT FIELD YATES SAND UNIT
8. Well Number 212
9. OGRID Number 243874
10. Pool name or Wildcat JALMAT;TAN-YATES-7RVRS
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3575

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 [X] 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 D : 660 feet from the NORTH line and 990 feet from the WEST line
Section 23 Township 22S Range 35E NMPM County LEA
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3575

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: [X]

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 [Signature] TITLE Sr. Regulatory Analyst DATE 4/16/14

Type or print name Deborah Marberry E-mail address: dmarberry@qracq.com PHONE: 713-452-2883

For State Use Only

APPROVED BY: [Signature] TITLE Staff Manager DATE 4-18-2014
Conditions of Approval (if any):

APR 22 2014

[Signature]

