Submit 3 Copies To Appropriate District	State of New Me	exico	Form C-103
District I	Energy, Minerals and Natu	ıral Resources	June 19, 2008
Office District I 1301 W. Grand Avc., Artesia, NM 88210 District II 1302 South St. Francis Dr.			WELL API NO.
1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION		30-025-08604 5. Indicate Type of Lease	
		STATE X FEE	
		6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NOBBSOUD 87505		25203	
· · · · · · · · · · · · · · · · · · ·	AND REPORTS ON WELLS	5	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS T			
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		Cone Jalmat Yates Pool Unit	
1. Type of Well: Oil Well Gas V	Vell X Other Water Inject	tion Well —	8. Well Number #103
2. Name of Operator		9. OGRID Number 184860	
Quantum Resources Management, LLC 3. Address of Operator		10. Pool name or Wildcat	
5 Houston Center, 1401 McKinny Street, Suite 2400, Houston, TX 77010		Tansill, Yates, 7-Rivers	
4. Well Location			
	feet from the SOUTH	line and 1980	feet from the WEST line
Unit Letter K: 1980 feet from the SOUTH line and 1980 feet from the WEST line Section 13 Township 22S Range 35E NMPM County LEA			
	Elevation (Show whether DR)		
12. Check Appro	priate Box to Indicate N	lature of Notice,	Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK X PLUG AND ABANDON REMEDIAL WORK			
TEMPORARILY ABANDON			
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB			T JOB
DOWNHOLE COMMINGLE			
OTHER: Step Rate Test		OTHER:	
13. Describe proposed or completed of	operations. (Clearly state all 1		d give pertinent dates, including estimated date
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion			
or recompletion.			
Quantum Resources Management, LLC	C, intends to perform STEP R	ATE TEST on CJY	PU#X5 #103
Quantum Resources Management, LLC, intends to perform STEP RATE TEST on CJYPU # 103			
Spud Date:	Rig Release Da	nte:	
Thereby certify that the information above			e and belief.
21	is true and complete to the be	est of my knowledge	
	,	, ,	
SIGNATURE Com lobe	is true and complete to the b	, ,	
	title F.	eld Forma	2~DATEJanuary [4, 2011
Type or print nameCam Robbins	title F.	eld Forma	
	title F.	<i>ield Form</i> maximum@valorne	DATE January 14, 2011 t.com PHONE:575-390-4666
Type or print name Cam Robbins For State Use Only APPROVED BY:	title F.	<i>ield Form</i> maximum@valorne	2~DATEJanuary [4, 2011
Type or print name Cam Robbins For State Use Only	title F.	<i>ield Form</i> maximum@valorne	DATE January 14, 2011 t.com PHONE:575-390-4666