Submit 3 Copies To Appropriate District Office	State of New Me	Form C-103			
istrict 1 Theray Minerals and Natural Resources		June 19, 2008			
			WELL API NO.	-025-08641	
1301 W. Grand Ave., Artesia, NM 882 JAN 1 4 2011 CONSERVATION DIVISION District III 1309 Physics Phy			5. Indicate Type of		
District III 1000 Rio Brazos Rd Agree NM 98/41/85 25			STATE X	FEE 🗍	
1000 Rio Brazos Rd., Aztec, NM 8740BBSUCD Santa Fe, NM 87505			6. State Oil & Gas		
1220 S. St. Francis Dr., Santa Fe, NM			25203		}
87505 SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or I	Init Agreement N:	ame
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Isouge realize or		.,,,,,
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			Cone Jalmat Yates Pool Unit		
1. Type of Well: Oil Well Gas Well X Other Water Injection Well			8. Well Number #503		
2. Name of Operator			9. OGRID Number	r 184860	
Quantum Resources Management, LLC					
3. Address of Operator			10. Pool name or V		
5 Houston Center, 1401 McKinny Street, Suite 2400, Houston, TX 77010			Tansill, Yates, 7-Ri	vers /	
4. Well Location					
Unit Letter N : 990	feet from the SOUTH	line and2310	feet from the	_WESTline	
Section 24		Range 35E		County LEA	
11.	Elevation (Show whether DR,	RKB, RT, GR, etc.,)		
12. Check Appro	priate Box to Indicate N	ature of Notice,	Report or Other I) ata	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK X PLUG AND ABANDON REMEDIAL WOR				ALTERING CASIN	сΠ
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI				P AND A	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN'				ANDA	ت
DOWNHOLE COMMINGLE		O/ (OIL TO/ OEME)			
OTHER: Step Rate Test		OTHER:			
13. Describe proposed or completed					
of starting any proposed work).	SEE RULE 1103. For Multiple	le Completions: At	tach wellbore diagrai	n of proposed com	pletion
or recompletion.					
				.	
Quantum Resources Management, LLG	C, intends to perform STEP R	ATE TEST on CJY	PU# 05 # 6	63	
	, i		/ \ 71		
Spud Date:	Rig Release Da	ite:			
		<u> </u>			
I hereby certify that the information above	is true and complete to the be	est of my knowledg	e and belief.		
			,		
SIGNATURE (And Alalla	THE THE	eld Forma	4 0.470		
SIGNATURE Composition	THE //	-10 101 Ma	<u> </u>	January 14, 20	I I
Type or print name Cam Robbins	E-mail address:	maximum@valorne	et.comPHO	NE: 575-390-46	666
For State Use Only			1110		
5/11)			_~	/	
APPROVED BY:	TITLE J	TAFF	DAT	E /-/8-	CO11
Conditions of Approval (if any):					