Submit 3 Copies To Appropriate District Office District 1 REPEREN	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 June 19, 2008
1625 N. French Dr., Hobbs, NM 88240	ED .		WELL API NO
District II 1301 W. Grand Ave., Artesia, NM SAN 142011 District III	CONSERVATION		5. Indicate Type of Lease
1000 Pio Prazos P.d. Aster NM 97410			STATE X FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas Lease No. 25203
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name
(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.)			Cone Jalmat Yates Pool Unit
1. Type of Well: Oil Well 🔲 Gas Well X Other Water Injection Well 🖌			8. Well Number #107
2. Name of Operator Quantum Resources Management, LLC			9. OGRID Number 184860
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			
Unit Letter D: 660 feet from the NORTH line and 660 feet from the WEST line			
Section 24 Township 22S Range 35E NMPM County LEA 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
The Edvation (Snow whene) DN, NKD, KT, OK, etc.)			
· · ·			
12. Check Appropria	te 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			
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT			
DOWNHOLE COMMINGLE			1308
OTHER: Step Rate Test OTHER: Image: Complete c			
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.			
Quantum Resources Management, LLC, intends to perform STEP RATE TEST on CJYPU # 107			
Spud Date:	Rig Release D	ate:	
I hereby certify that the information above is tru	e and complete to the b	est of my knowledg	e and belief.
ρ ρ .			
SIGNATURE Completion TITLE Field Forman DATE January 14, 2011			
Type or print name Cam Robbins E-mail address: maximum@valornet.com PHONE: 575-390-4666 For State Use Only Image: Cam Robbins Image: Cam Robbi			
APPROVED BY: Compositive STAFF MAR DATE 1-18-2011			
Conditions of Approval (if any).			
)			