

District II

District III

District IV

Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

WELL API NUMBER
30-021-20439

5. Indicate Type of Lease
P

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
MITCHELL

8. Well Number
101

9. OGRID Number
495

10. Pool name or Wildcat

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:C

2. Name of Operator

HESS CORPORATION

3. Address of Operator

P.O. BOX 840 , SEMINOLE , TX 79360

4. Well Location

Unit Letter J : 2150 feet from the S line and 1800 feet from the E line
Section 10 Township 18N Range 29E NMPM Harding County

11. Elevation (Show whether DR, KB, BT, GR, etc.)

5405 GR

Pit or Below-grade Tank Application or Closure

Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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 OF PLANS

PULL OR ALTER CASING MULTIPLE COMPL

Other:

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTER CASING

COMMENCE DRILLING OPNS. PLUG AND ABANDON

CASING/CEMENT JOB

Other: **Spud**

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

7/21/2007 Spudded well.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan .

SIGNATURE Electronically Signed TITLE Senior Advisor, Regulatory DATE 7/24/2007

Type or print name Carol Moore E-mail address cmoore@hess.com Telephone No. 432-758-6738

For State Use Only:

APPROVED BY: Ed Martin TITLE District Supervisor DATE 8/2/2007