

District I
1625 N. French Dr., Hobbs, NM 88240
Phone:(505) 393-6161 Fax:(505) 393-0720

District II
1301 W. Grand Ave., Artesia, NM 88210
Phone:(505) 748-1283 Fax:(505) 748-9720

District III
1000 Rio Brazos Rd., Aztec, NM 87410
Phone:(505) 334-6178 Fax:(505) 334-6170

District IV
1220 S. St Francis Dr., Santa Fe, NM 87505
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico
Energy, Minerals and Natural Resources

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

Form C-103
Permit113451

WELL API NUMBER 30-021-20504
5. Indicate Type of Lease P
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name MITCHELL
8. Well Number 191
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 <u>J</u> : <u>1980</u> feet from the <u>S</u> line and <u>1650</u> feet from the <u>E</u> line Section <u>19</u> Township <u>19N</u> Range <u>30E</u> NMPM <u>Harding</u> County

11. Elevation (Show whether DR, KB, BT, GR, etc.) 4460 GR
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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.

4/19/2010 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 Engineering Tech DATE 5/4/2010

Type or print name Rita Smith E-mail address rsmith@hess.com Telephone No. 432-758-6726

For State Use Only:

APPROVED BY: Ed Martin TITLE District Supervisor DATE 5/5/2010