

**District I**  
 1625 N. French Dr., Hobbs, NM 88240  
 Phone:(575) 393-6161 Fax:(575) 393-0720  
**District II**  
 811 S. First St., Artesia, NM 88210  
 Phone:(575) 748-1283 Fax:(575) 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  
 August 1, 2011  
 Permit 147471

WELL API NUMBER	30-021-20555
5. Indicate Type of Lease	S
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	WEST BRAVO DOME UNIT
8. Well Number	022
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 : 1750 feet from the S line and 1335 feet from the E line  
 Section 2 Township 18N Range 29E NMPM Harding County

11. Elevation (Show whether DR, KB, BT, GR, etc.)  
 4775 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**

<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>		
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTER CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE OF PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
Other:		Other: <b>Drilling/Cement</b>	<input checked="" type="checkbox"/>

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.  
 MIRU safety meeting, insp,spud 4/9/12 @16:00/4/9/12 Drill 12-1/4" hole 975', circ,Date4/10/12 Run 8-5/8" #24 J-55 surf csg to 970', cem surf csg 415sx ,circ 92sx cem surf,1000 psi test lines,wait on cement 8 hrs,drill plug&cement, Tag TOC@910'Date: 4/11/12Drill 7-7/8" hole to 2415' depth, circ& cond hole, run Platform express logging tools&Log w/Lith-density comp/Neutron/GR/Hi Res/Lat/SP logging tool to Depth 2416' @4:30hrs, Date: 4/12/12 Run 5-1/2"15.5# K-55 production csg,set depth 2,407' cem prod csg,400sx,circ 67sx cem to surf. Wait on cement 8 hrs, clean steel tanks, ND BOP, RDMO4/9/2012 Spudded well.

**Casing and Cement Program**

Date	String	Fluid Type	Hole Size	Csg Size	Weight lb/ft	Grade	Est TOC	Dpth Set	Sacks	Yield	Class	1" Dpth	Pres Held	Pres Drop	Open Hole
04/10/12	Surf		12.25	8.625	24	J-55	710	970	215	1.74	Premium PI		1000		
04/10/12	Surf		12.25	8.625	24	J-55		970	200	1.35	Premium PI		1000		
04/11/12	Prod		7.875	5.5	15.5	K-55	0	2407	50	2.94	Midcon-2Pr				
04/11/12	Prod		7.875	5.5	15.5	K-55	0	2407	350	1.84	Corrosaoem				

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 4/18/2012  
 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 4/25/2012 7:50:06 AM