

**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 148705

WELL API NUMBER	30-021-20553
5. Indicate Type of Lease	P
6. State Oil & Gas Lease No.	

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b>	
(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	7. Lease Name or Unit Agreement Name WEST BRAVO DOME UNIT
2. Name of Operator <p style="text-align: center;">HESS CORPORATION</p>	8. Well Number <p style="text-align: center;">142</p>
3. Address of Operator <p style="text-align: center;">P.O. Box 840, Seminole, TX 79360</p>	9. OGRID Number <p style="text-align: center;">495</p>
4. Well Location Unit Letter <u>  N  </u> : <u>  330  </u> feet from the <u>  S  </u> line and <u>  2620  </u> feet from the <u>  W  </u> line Section <u>  14  </u> Township <u>  18N  </u> Range <u>  29E  </u> NMPM <u>  Harding  </u> County	
11. Elevation (Show whether DR, KB, BT, GR, etc.) <p style="text-align: center;">5355 GR</p>	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
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	
<p style="text-align: center;">NOTICE OF INTENTION TO:</p> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> Other: _____	<p style="text-align: center;">SUBSEQUENT REPORT OF:</p> REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> Other: <b>Spud</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.

5/2/2012 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 <u>Electronically Signed</u>	TITLE <u>Engineering Tech</u>	DATE <u>5/14/2012</u>
Type or print name <u>Rita Smith</u>	E-mail address <u>rsmith@hess.com</u>	Telephone No. <u>432-758-6726</u>

**For State Use Only:**

APPROVED BY: <u>Ed Martin</u>	TITLE <u>District Supervisor</u>	DATE <u>5/17/2012</u>
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