| Office | | ate of New Me | | | | Form C-103 | |
|--|---|---------------------------------|---------------------------------------|--|---------------------|--|--|
| District I - (575) 393-6161 | Energy, Mi | nerals and Natu | ral Resources | WELL ADIA | | sed August 1, 2011 | |
| 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283 | | | | WELL API N | NO. 30-021-20 | 0542 | |
| 811 S. First St., Artesia, NM 88210 | OIL CONSERVATION DIVISION | | | 5. Indicate Type of Lease | | | |
| District III – (505) 334-6178 | | South St. Fran | | STATE FEE P | | | |
| District IV – (505) 476-3460 | 1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460 Santa Fe, NM 87505 | | | | & Gas Lease N | ₹o. | |
| 1220 S. St. Francis Dr., Santa Fe, NM | | | | | | | |
| 87505 | LICES AND BEDO | RTS ON WELLS | • | 7 Lease Nat | me or Unit Ag | reement Name | |
| SUNDRY NOTICES AND REPORTS ON WELLS (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 | | | | West Bravo Dome Unit | | | |
| PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other X CO2 | | | | | 8. Well Number 322J | | |
| 2 Name of Operator | | | | | lumber | | |
| Hess Corporation | | | | | . 4 | 195 | |
| 3. Address of Operator PO Box 840 Seminole TX 79360 | | | | 10. Pool name or Wildcat West Bravo Dome CO2 Gas | | | |
| | | | | West Brave | Dome CO2 (| Gas | |
| 4. Well Location | . 1650 foot fr | om the S | | 1650 fac | E | ,. l | |
| Offit Letter | · | Jiii tiic | inc and | 166 | et from the E | line | |
| Section 32 Township 19N Range 30E NMPM County Harding 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | | | | | | |
| AND THE PERSON NAMED IN | (A) | <i>now wneiner DK,</i> 00 GR | KKB, KI, GK, etc | i.) | 4.1 | | |
| CONTROL OF THE PROPERTY OF THE | ** TI | oo GR | | S | | <u>災務の関係</u> 器は <i>をこれを</i> できます。 ・ | |
| 12 Check | Appropriate Ro | x to Indicate N | ature of Notice | Report or Ot | ther Data | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | | | | | |
| | NTENTION TO |); | | BSEQUENT | | | |
| PERFORM REMEDIAL WORK | = | | REMEDIAL WO | | - | NG CASING 🔲 | |
| TEMPORARILY ABANDON | | _ | COMMENCE DR | _ | ☐ PANDA | \ | |
| PULL OR ALTER CASING | MULTIPLE CON | MPL 🗌 | CASING/CEMEN | NT JOB [| $\square_{}$ | | |
| DOWNHOLE COMMINGLE | J | | | | | | |
| OTHER: | | × | OTHER: | | | П | |
| | pleted operations. | | | nd give pertinen | t dates, includ | ing estimated date | |
| 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of | | | | | | | |
| proposed completion or recompletion. | | | | | | | |
| 1930 322J | | | | | | | |
| WOS: Run & set tbg. & AS1 pa | acker | - | | | | | |
| Notify Ed Martin at NMOCD prior to rig-up. | | | | | | | |
| Kill well with 8-16 bbls PW. ND Wellhead and NU BOP. | | | | | | | |
| PU & RIH w/ AS1 packer (w/blanking plug) & WS Set packer @ 1900 Feet. TOOH w/WS, laying down. | | | | | | | |
| PU & RIH w/ FG tubing (2.375"). Circulate packer fluid. Latch onto packer. | | | | | | | |
| Pressure casing to 500#. Bleed down.casing. Pressure tubing to 500#. Bleed off tubing. ND BOP's & NU WH. | | | | | | | |
| MIRU WL service. RIH and pul | | | | | | | |
| Pressure test backside to 50 RDMO PU. Clean location. Tur | • | | | | | | |
| * Note(s) | in well over to product | CIOII. | | | | | |
| 1. Hooking up to 5.5" Tulsa | Valve | | | | | | |
| 2. AS-1 profile nipple 1.5" | | | | | | | |
| Spud Date: 04/17/2012 | | Rig Release Da | ate: | | | | |
| Space Bate. | | Rig Release Di | | | | , | |
| | | | • | | | | |
| I hereby certify that the information | n above is true and | complete to the b | est of my knowled | ge and belief. | | | |
| | | | | • | | | |
| SIGNATURE TITLE Engineer Tech | | | | DATE 06/13/2012 | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | | | |
| Type or print name Rita C Smit | .h | E-mail address | : rsmith@hess | .com | PHONE: 43 | 32-758-6726 | |
| For State Use Only | | | | | | _ | |
| A DO | M.L | | RICT SUPE | RVISOR | DATE / | /25/2012 | |
| APPROVED BY: | yarra | THIFE PAGE | | B1 4 5 1 5 5 1 4 | _DATE | 12)/20/2 | |
| Conditions of Approval (if any): | / | | | | ◆. | | |

| Office | te of New Mexico | Form C-103 | | | | |
|--|---|--|--|--|--|--|
| <u>District I</u> – (575) 393-6161 Energy, Mir 1625 N. French Dr., Hobbs, NM 88240 | nerals and Natural Resources | Revised August 1, 2011 WELL API NO. | | | | |
| District II (575) 749 1292 | SERVATION DIVISION | 30-021-20542 | | | | |
| District III – (505) 334-6178 1220 | South St. Francis Dr. | 5. Indicate Type of Lease STATE ☐ FEE ☐ P | | | | |
| <u>District IV</u> – (505) 476-3460 | | | | | | |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | | | | | |
| SUNDRY NOTICES AND REPOR (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR T | | 7. Lease Name or Unit Agreement Name | | | | |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT PROPOSALS.) | West Bravo Dome Unit | | | | | |
| 1. Type of Well: Oil Well Gas Well Oth | Well Number 322J OGRID Number | | | | | |
| 2. Name of Operator Hess Corporation | 9. OGRID Number | | | | | |
| 3. Address of Operator PO Box 840 Seminole | 10. Pool name or Wildcat | | | | | |
| 4. Well Location | | West Bravo Dome CO2 Gas | | | | |
| Unit Letter $\frac{J}{}$: $\frac{1650}{}$ feet from the $\frac{S}{}$ line and $\frac{1650}{}$ feet from the $\frac{E}{}$ line | | | | | | |
| | nip ^{19N} Range ^{30E} | NMPM County Harding | | | | |
| Name : 11.2 TO 2.2 (7) | ow whether DR, RKB, RT, GR, etc., 0 GR | | | | | |
| | | (2000 100) | | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | | | | |
| NOTICE OF INTENTION TO: | | SEQUENT REPORT OF: | | | | |
| PERFORM REMEDIAL WORK ☐ PLUG AND ABA TEMPORARILY ABANDON ☐ CHANGE PLANS | _ | _ | | | | |
| PULL OR ALTER CASING MULTIPLE COM | | | | | | |
| DOWNHOLE COMMINGLE | | | | | | |
| OTHER: | OTHER: | tag 🙇 | | | | |
| 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of | | | | | | |
| proposed completion or recompletion. | | | | | | |
| 1930 322Л | | | | | | |
| 6/6/2012 Wireline tag fill/PBTD | | | | | | |
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| | • | | | | | |
| | | | | | | |
| Spud Date: 04/17/2012 | Dia Balanca Data: | 06/2012 | | | | |
| Spud Date: 04/17/2012 | Rig Release Date: 06/0 | 06/2012 | | | | |
| | | | | | | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | | | | |
| Q + 0.0 + 0.0 | TITLE Engineer Tech | DATE 06/11/2012 | | | | |
| SIGNATURE TO THE SIGNATURE | _TITLE Engineer Tech | DATEDATE | | | | |
| Type or print name Rita C Smith | E-mail address: rsmith@hess. | PHONE: 432-758-6726 | | | | |
| For State Use Only | TITLE DISTRICT SUPE | DVICOD | | | | |
| APPROVED BY: | TITLE WININI JUPE | KVISUK DATE 6/25/2012 | | | | |