

Submit 1 Copy To Appropriate District  
Office  
District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
Revised August 1, 2011

WELL API NO. 30-021-20541
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> P <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name West Bravo Dome Unit
8. Well Number 292J
9. OGRID Number 495
10. Pool name or Wildcat West Bravo Dome CO2 Gas
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5433 GR

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 PROPOSALS.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other X CO2	
2. Name of Operator Hess Corporation	
3. Address of Operator PO Box 840 Seminole TX 79360	
4. Well Location Unit Letter J : 1650 feet from the S line and 1650 feet from the E line Section 29 Township 19N Range 29E NMMP County Harding	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5433 GR	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: TBG & PRK <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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

8/31/12 WOS: Chase Frac plug to Bottom of rat hole@ 2940'  
& Run & set tbg. & AS1 packer @ 2805' 2.875 tbg  
Test to 500psi

Spud Date:

06/02/2012

Rig Release Date:

08/31/2012

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Rita C Smith TITLE Senior Regulatory Analysis DATE 09/12/2012

Type or print name Rita C Smith E-mail address: rsmith@hess.com PHONE: 432-758-6726

For State Use Only

APPROVED BY: Ed Martin TITLE DISTRICT SUPERVISOR DATE 9/12/2012  
Conditions of Approval (if any):