

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

Form C-103
Revised August 1, 2011

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

| |
|---|
| WELL API NO. 30-021-20553 |
| 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 142N |
| 9. OGRID Number 495 |
| 10. Pool name or Wildcat West Bravo Dome CO2 Gas |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5355 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 N : 330 feet from the S line and 2620 feet from the W line Section 14 Township 18N Range 29E NMPM County Harding | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5355 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"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | P AND A <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | MULTIPLE COMPL <input type="checkbox"/> | CASING/CEMENT JOB <input type="checkbox"/> | |
| DOWNHOLE COMMINGLE <input type="checkbox"/> | | | |
| OTHER: <input type="checkbox"/> | | OTHER: DEVIATION SURVEY <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.

Pason DataHub Deviation Survey 2012/07/09 12:53:04

Well Dossier 1335889118 - WBDGU 1829-142N

#

| # | Date | Depth | Deviation | Direction | TVD | Horiz |
|---|------------|-------|--------------|-----------|------|-------|
| | 05/02/2012 | | 480.00 0.75 | 0.00 0.00 | 0.00 | |
| | 05/03/2012 | | 981.00 0.75 | 0.00 0.00 | 0.00 | |
| | 05/03/2012 | | 1326.00 1.00 | 0.00 0.00 | 0.00 | |
| | 05/03/2012 | | 1611.00 1.00 | 0.00 0.00 | 0.00 | |
| | 05/05/2012 | | 2115.00 1.00 | 0.00 0.00 | 0.00 | |
| | 05/05/2012 | | 2620.00 1.00 | 0.00 0.00 | 0.00 | |
| | 05/06/2012 | | 3000.00 1.00 | 0.00 0.00 | 0.00 | |

EOF

Spud Date:

05/02/2012

Rig Release Date:

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

SIGNATURE

Rita C Smith

TITLE

Engineer Tech

DATE

07/11/2012

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

9/17/2012

Conditions of Approval (if any):