Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office May 27, 2004 Energy, Minerals and Natural Resources District I WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 30-021-20128 District II ERMATION INVISION 1301 W. Grand Ave., Artesia, NM 88210 5. Indicate Type of Lease District III STATE X FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, PM 12 25 District IV 6. State Oil & Gas Lease No. 1220 S. St. Francis Dr., Santa Fe, NM L-5777 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A West Bravo Dome Unit DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 8. Well Number 321K 1. Type of Well: Oil Well Gas Well Other CO2 Supply 2. Name of Operator OGRID Number 495 Hess Corporation 3. Address of Operator 10. Pool name or Wildcat West Bravo Dome CO2 Gas (96387) P.O. Box 840 Seminole, TX 79360 4. Well Location 1980 2310 South Unit Letter K West feet from the line and feet from the line **NMPM** County Harding Section 32 Township 20N Range 29E 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4341' Pit or Below-grade Tank Application or Closure Pit type Distance from nearest fresh water well_ Distance from nearest surface water_ Depth to Groundwater Below-Grade Tank: Volume bbls; Construction Material Pit Liner Thickness: 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING □ REMEDIAL WORK PERFORM REMEDIAL WORK PLUG AND ABANDON TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS.

☐ P AND A PULL OR ALTER CASING \Box MULTIPLE COMPL П CASING/CEMENT JOB Name Change X OTHER: OTHER: 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. Change name from WBDGU #12 to West Bravo Dome Gas Unit #321K. 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 belowgrade tank has been/will be constructed or closed according to NMOCD guidelines 🔲, a general permit 🗋 or an (attached) alternative OCD-approved plan 🔲. TITLE Senior Advisor/Regulatory **SIGNATURE** DATE 06/27/07 Type or print name Carol J. Moore E-mail address: cmoore@hess.com Telephone No. (432)758-6738 For State Use Only DISTRICT SUPERVISOR DATE 6/29/0> APPROVED BY:

Conditions of Approval (if any):