Submit 3 Copies To Appropriate District Office District I State of New Mexico Energy, Minerals and Natural Resources	Form C-103 May 27, 2004
1625 N. French Dr., Hobbs, NM 88240	WELL API NO. 30-021-20044
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410 1220 Bouth St. Francis Dr	STATE FEE X
District IV 1220 S. St. Francis Dr., Santa Fe, NM 2007 1110 Santa Fe, NM 2007 1110 20 11	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS	7 I am Name of Italy Assessment Name
(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.)	7. Lease Name or Unit Agreement Name Mitchell
1. Type of Well: Oil Well Gas Well Other CO2 Supply	8. Well Number 041E
2. Name of Operator	9. OGRID Number 495
Hess Corporation 3. Address of Operator	10. Pool name or Wildcat
P.O. Box 840 Seminole, TX 79360	West Bravo Dome CO2 Gas (96387)
4. Well Location	
Unit Letter E: 1980 feet from the North line and 660 feet from the West line	
Section 4 Township 18N Range 30E	NMPM County Harding
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4371 ' GL Pit or Below-grade Tank Application or Closure	
Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water	
	Construction Material
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING	
- 1	RILLING OPNS. P AND A
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEME	
OTHER: Name Change	П
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 Mitchell #19 to Mitchell #041E.	
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 (MOL) TITLE Senior Advisor/	Regulatory DATE 06/27/07
Type or print name Carol J. Moore E-mail address: cmoore@l	ness.com Telephone No. (432)758-6738
APPROVED BY: Markin TITLE DISTRICTS	IDERVISOR DATE //20/2-
APPROVED BY: All Jarton TITLE JIOINIUS Conditions of Approval (if any):	UPERVISUR DATE 6/29/07