

District I

1625 N. French Dr., Hobbs, NM 88240
Phone:(505) 393-6161 Fax:(505) 393-0720

District II

1301 W. Grand Ave., Artesia, NM 88210
Phone:(505) 748-1283 Fax:(505) 748-9720

District III

1000 Rio Brazos Rd., Aztec, NM 87410
Phone:(505) 334-6178 Fax:(505) 334-6170

District IV

1220 S. St Francis Dr., Santa Fe, NM 87505
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Permit 115112

Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

WELL API NUMBER 30-021-20059
5. Indicate Type of Lease S
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name WEST BRAVO DOME UNIT
8. Well Number 301 F
9. OGRID Number 495
10. Pool name or Wildcat See Area 13

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: C
2. Name of Operator HESS CORPORATION
3. Address of Operator P.O. BOX 840, SEMINOLE, TX 79360

4. Well Location Unit Letter <u>F</u> : <u>1980</u> feet from the <u>N</u> line and <u>1980</u> feet from the <u>W</u> line Section <u>30</u> Township <u>19N</u> Range <u>30E</u> NMPM <u>Harding</u> County

11. Elevation (Show whether DR, KB, BT, GR, etc.)

4442 GR

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; 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 ☐
TEMPORARILY ABANDON ☐ CHANGE OF PLANS ☐
PULL OR ALTER CASING ☒ MULTIPLE COMPL ☐

Other: _____

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTER CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDON ☐
CASING/CEMENT JOB ☐

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.

INTENT:

The mitigation of any of these high casing pressure wells is as follows:

Rig up and pull tubing and packer

Lie down and replace bad tubing, or replace entire string of tubing if we are up-sizing the tubing, and packer.

RDMO and Return well to producing status.

Perforations

Pool: WEST BRAVO DOME CO2 GAS, 96387 Location: F -30-19N-30E 1980 N 1980 W

TOP	BOT	Open Hole	Shots/ft	Shot Size	Material	Stimulation	Amount
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Tubing

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 [Signature] TITLE Engineer Tech DATE 6-14-2010

Type or print name Rita C Smith E-mail address rsmith@hess.com Telephone No. 4327586726

For State Use Only:

APPROVED BY: [Signature] TITLE **DISTRICT SUPERVISOR** DATE 6/17/10