| Submit 1 Copy To Appropriate District Office  | State of New Mexico                    |                  |                               | Form C-103                           |                       |                  |
|---|--|------------------|-------------------------------|--------------------------------------|-----------------------|------------------|
| District I  | Energy, Minerals and Natural Resources |                  | October 13, 2009 WELL API NO. |                                      |                       |                  |
| 1625 N. French Dr., Hobbs, NM 88240<br>District II  |  |                  |                               | 30-021-20191                         |                       |                  |
| 1301 W. Grand Ave., Artesia, NM 88210   | OIL CONSERVATION DIVISION              |                  |                               | 5. Indicate Type of Lease            |                       |                  |
| <u>District III</u><br>1000 Rio Brazos Rd., Aztec, NM 87410   | 1220 South St. Francis Dr.             |                  |                               | STATE FEE                            |                       |                  |
| <u>District IV</u><br>1220 S. St. Francis Dr., Santa Fe, NM   | strict IV Santa Fe, NW 8/303           |                  |                               | 6. State Oil                         | & Gas Lease No.       |                  |
| 87505   |  |                  |                               |                                      |                       |                  |
| 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH |  |                  |                               | West Bravo Dome Unit (WBDU)          |                       |                  |
| PROPOSALS.)  1. Type of Well: Oil Well Gas Well Other CO2 GAS WELL  |  |                  |                               | 8. Well Number 331G                  |                       |                  |
| 2. Name of Operator Hess Corporation  |  |                  |                               | 9. OGRID Number 495                  |                       |                  |
| 2. Hank of operation Hess Corporation   |  |                  |                               |                                      |                       |                  |
| 3. Address of Operator PO Box 840   |  |                  |                               | 10. Pool name or Wildcat (96387)     |                       |                  |
| Seminole TX 79360   |  |                  |                               | West Bravo Dome CO2 Gas              |                       |                  |
| 4. Well Location  | 0 . 0                                  |                  |                               |                                      |                       |                  |
|   |  | he <u>NORTH</u>  |                               |                                      | et from the <u>EA</u> |                  |
| Section 33  | Township 11. Elevation (Show           | 19N Ra           |                               | NMPM                                 | County                | HARDING          |
|   | •                                      | 95'              | KKB, KI, GK, eic.)            |                                      |                       | 16               |
|   |  |                  |                               |                                      |                       |                  |
| 12. Check A   | ppropriate Box to                      | Indicate N       | ature of Notice,              | Report or O                          | ther Data             |                  |
| •   |  |                  | ŕ                             | •                                    |                       | <b>-</b> .       |
| NOTICE OF INT<br>PERFORM REMEDIAL WORK □  | ENTION TO:<br>PLUG AND ABAND           | ON $\square$     | SUB:                          |                                      | REPORT OF             | F:<br>SCASING □  |
| TEMPORARILY ABANDON   | CHANGE PLANS                           |                  | COMMENCE DRI                  |                                      |                       |                  |
| PULL OR ALTER CASING  | MULTIPLE COMPL                         |                  | CASING/CEMENT                 |                                      |                       |                  |
| DOWNHOLE COMMINGLE  |  | _                |                               |                                      |                       |                  |
| OTHER   |  |                  | OTHED:                        | cpu                                  | D Din-ing             | ı∇ı              |
| OTHER:  13. Describe proposed or complete   | eted operations (Cle                   | arly state all r | OTHER:                        |                                      | P Dip-ins             | r estimated date |
| of starting any proposed wor  | k). SEE RULE 19.15                     | 5.7.14 NMAC      | . For Multiple Cor            | npletions: Att                       | ach wellbore dia      | gram of          |
| proposed completion or recompletion.  |  |                  |                               |                                      |                       |                  |
|   |  |                  |                               |                                      |                       |                  |
|   |  |                  |                               |                                      |                       |                  |
| MIRU Renegade WL services.  |  |                  |                               | ,                                    |                       |                  |
| RIH w/pressure guage to mid perf.   |  |                  |                               |                                      |                       |                  |
| TOOH w/ pressure guage.   |  |                  |                               |                                      |                       |                  |
| RDMO Renegade.  |  |                  |                               |                                      |                       |                  |
|   |  |                  |                               |                                      |                       |                  |
|   |  |                  |                               |                                      |                       |                  |
|   |  |                  |                               |                                      |                       |                  |
|   |  |                  |                               |                                      |                       |                  |
| / /   |  |                  |                               |                                      |                       |                  |
| Spud Date: 03/27/1984   | Ri                                     | ig Release Da    | te:                           |                                      |                       |                  |
|   |  |                  | <u> </u>                      |                                      |                       |                  |
| I hereby certify that the information a   | nove is true and com                   | olete to the he  | st of my knowledge            | e and helief                         |                       |                  |
| Thereby certify that the information as   | sove is true and comp                  | piece to the be  | st of my knowledge            | and benef.                           |                       |                  |
| (V-M) }   | •                                      |                  |                               |                                      |                       |                  |
| SIGNATURE TITLE Engineering Tech  |  |                  |                               |                                      | DATE 5/5/             | /2011            |
| Type or print name RITA C SMITH   | r                                      | -mail address    | rsmith@hess.c                 | Om                                   | PHONE: 432            | -758-6726        |
| For State Use Only  | L                                      | mun address      |                               |                                      | _ 111011E. <u>132</u> |                  |
| 100   | 1.1.                                   | nie              | RICT SUPE                     | DVICAD                               | /                     | . /              |
| APPROVED BY: Conditions of Approval (if any):   | artin TI                               | TLE BIO          | INIAI AALE                    | HAIDAU                               | _DATE_ <b>5</b> //    | 0/2011           |