Submit 1 Copy To Appropriate District State of New Mexico Form C-103 Revised August 1, 2011 Energy, Minerals and Natural Resources District I - (575) 393-6161 WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 . 30-021-20540 District II - (575) 748-1283 **OIL CONSERVATION DIVISION** 811 S. First St., Artesia, NM 88210 5. Indicate Type of Lease District III - (505) 334-6178 1220 South St. Francis Dr. ₽ STATE | 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 6. State Oil & Gas Lease No. District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 7. Lease Name or Unit Agreement Name SUNDRY NOTICES AND REPORTS ON WELLS (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 271F 1. Type of Well: Oil Well Gas Well Other X CO2 9. OGRID Number 2. Name of Operator Hess Corporation 495 3. Address of Operator PO Box 840 10. Pool name or Wildcat Seminole TX 79360 West Bravo Dome CO2 Gas 4. Well Location 1650 feet from the Unit Letter feet from the line and line Section 27 Township 18N 30E **NMPM** County Range 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4333 GR 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: ALTERING CASING □ PERFORM REMEDIAL WORK PLUG AND ABANDON \Box REMEDIAL WORK TEMPORARILY ABANDON CHANGE PLANS \Box COMMENCE DRILLING OPNS.□ P AND A MULTIPLE COMPL PULL OR ALTER CASING CASING/CEMENT JOB DOWNHOLE COMMINGLE First Injection 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. 2/6/2013 First Injection into 1830 271F 07/6/2012 Spud Date: Rig Release Date: I hereby certify that the information above is true and complete to the best of my knowledge and belief. DATE Type or print name $\,^{\mbox{\scriptsize Rita}}$ C $\,^{\mbox{\scriptsize Smith}}$ E-mail address: rsmith@hess.com For State Use Only TITLE DISTRICT SUPERVISOR

Conditions of Approval (if any):