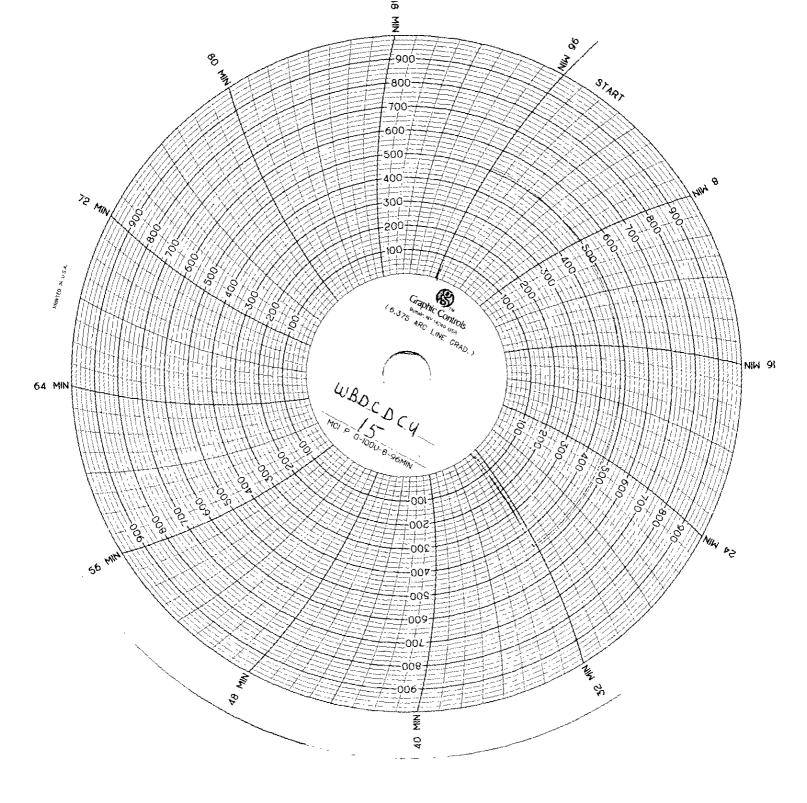
| Submit 3 Copies To Appropriate District Office | State of New Mexico | | | Form C-103 | | | |
|--|---|---|--------------------|--------------------------------------|--------------------------|------------------------|--|
| District I | Energy, Minerals and Natural Resources | | Resources | WELL API NO. | | | |
| 1625 N. French Dr., Hobbs, NM 88240 District II | AUG 2.4 Louis | | | 30-021-20143 | | | |
| 1301 W. Grand Ave., Artesia, NM 88210 | OIL CONSERVATION DIVISION | | | 5. Indicate Type of Lease | | | |
| District III 1000 Rio Brazos Rd., Aztec, NM 87410 | | | | STATE X FEE | | | |
| santa Fe, NM 8/3036 | | | 305 | 6. State Oil & Gas Lease No. | | | |
| 1220 S. St. Francis Dr., Santa Fe, NM Scatter 2 - 3 2 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | | | | L-5852 | | | |
| 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 PROPOSALS.) | | | | West Bravo Dome CDG Unit | | | |
| 1. Type of Well: Oil Well Gas Well Other CO2 Supply | | | | 8. Well Number 15 | | | |
| 2. Name of Operator | | | | 9. OGRID Number 495 | | | |
| Hess Corporation | | | | | 10. Pool name or Wildcat | | |
| 3. Address of Operator | | | | West Bravo Dome | | | |
| P.O. Box 840 Seminole, TX 79360 4. Well Location | | | | vvest bravo Donie | | | |
| Unit Letter F | 1980 feet from the | e North | line and | 1980 | feet from the | West line | |
| Section 29 | Township | 19N Rang | | NMPM | | y Harding | |
| | 11. Elevation (Show) | | | | Count | y Haiding | |
| Pit or Below-grade Tank Application o | | <u> </u> | | | | | |
| Pit typeDepth to Groundw | | earest fresh wate | r well Dista | ince from ne | arest surface water | 1 | |
| Pit Liner Thickness: mil | Below-Grade Tank: \ | | | struction M | | | |
| 12 Check / | Appropriate Box to I | | | | · · · · · · | | |
| 12. CHECK P | sppropriate box to i | ilulcate Nati | ne of Nonce, i | Keport of | Office Data | | |
| NOTICE OF IN | | | SUBS | SEQUE | NT REPORT | OF: | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDO | | EMEDIAL WORK | | | ING CASING 🗆 | |
| TEMPORARILY ABANDON | | | | | | Α 🔲 | |
| PULL OR ALTER CASING | MULTIPLE COMPL | | ASING/CEMENT | JOB | Ц | | |
| OTHER: | | | | Integrity 1 | | X | |
| 13. Describe proposed or comp | leted operations. (Clear | ly state all per | inent details, and | give perti | nent dates, inclu- | ding estimated date | |
| of starting any proposed we or recompletion. | ork). SEE RULE 1103. | For Multiple (| Completions: Att | ach wellbo | ore diagram of pr | oposed completion | |
| or recompletion. | | | | | | | |
| | | | | | | | |
| 8/8/2006 | | | | | | | |
| Pressure tested casing to | 510 psi for 30 min. Held | OK. Chart at | ached TA'd well | I | | | |
| Hess Corporation respects | | | | • | | | |
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| Illustration of the state of th | 1 - | | | | | | |
| I hereby certify that the information grade tank has been/will be constructed or | above is true and completions of according to NMOCI | ete to the best. Description of the property | of my knowledge | and belief | . I further certify a | that any pit or below- | |
| |) | | | | co, anci nauve OCI | approved pian □. | |
| SIGNATURE (A) | +. VYLOTE | TITLE Seni | or Advisor/Regula | atory | DATE | 8/22/2006 | |
| Type or print name Carol J. Moore For State Use Only | • | E-mail addre | ss: cmoore@hes | s.com | Telephone | No. (432)758-6738 | |

APPROVED BY: Martin TITLE DISTRICT SUPERVISOR DATE 9-/2-06
Conditions of Approval (if any):



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