

Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

**RECEIVED**  
State of New Mexico  
Energy, Minerals and Natural Resources  
**AUG 24 2006**  
OIL CONSERVATION DIVISION  
1200 Santa Fe, NM 87505  
1220 S. St. Francis Dr., Santa Fe, NM 87505

Form C-103  
May 27, 2004

WELL API NO. 30-021-20059
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. L-5826
7. Lease Name or Unit Agreement Name West Bravo Dome CDG Unit
8. Well Number 2
9. OGRID Number 495
10. Pool name or Wildcat West Bravo Dome

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(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.)

1. Type of Well: Oil Well ☐ Gas Well ☐ Other CO2 Supply ☐

2. Name of Operator  
Hess Corporation

3. Address of Operator  
P.O. Box 840 Seminole, TX 79360

4. Well Location  
Unit Letter F : 1980 feet from the North line and 1980 feet from the West line  
Section 30 Township 19N Range 30E NMPM County Harding

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
4442'

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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Casing Integrity Test <input checked="" type="checkbox"/>	

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.

8/8/2006

Pressure tested casing to 540 psi for 30 min. Held OK. Chart attached. TA'd well.  
Hess Corporation respectfully requests to continue TA'd status on well.

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 Carol J. Moore TITLE Senior Advisor/Regulatory DATE 8/22/2006

Type or print name Carol J. Moore

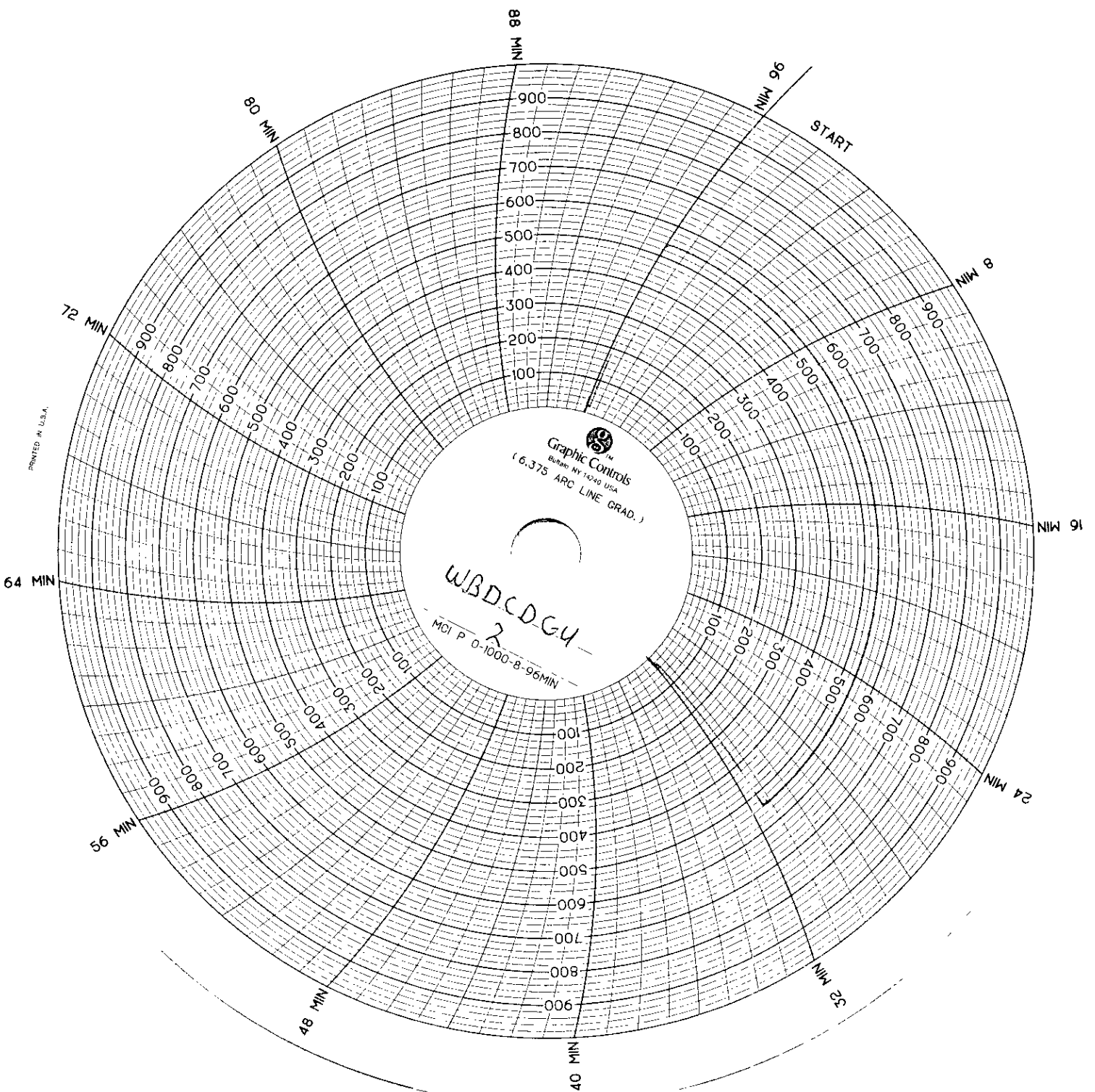
E-mail address: cmoore@hess.com

Telephone No. (432)758-6738

**For State Use Only**

APPROVED BY: Ed Martin TITLE DISTRICT SUPERVISOR DATE 9-12-06

Conditions of Approval (if any):



COMPANY Hess  
LEASE WBD CD GU  
WELL #2  
TBG. PRESS 0  
CSG. PRESS 0  
TO 540 PSI FOR 30 MN  
FROM 8:15 TO 8:45  
CO. MAN. Bill Petrice  
UNIT 0107505  
DRIVER NAME Grey Cowley DATE 8-8-06

Bill Petrice Hess  
Ed Martin NMOC  
NOT WITNESSED - OK