

State of New Mexico Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

1220 South St. Francis Dr. Santa Fe, NM 87505

2007 JUN 29 PM 12 25

WELL API NO. 30-021-20121
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. L-5857
7. Lease Name or Unit Agreement Name West Bravo Dome Unit
8. Well Number 201F
9. OGRID Number 495
10. Pool name or Wildcat West Bravo Dome CO2 Gas (96387)

**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 20 Township 18N Range 30E NMPM County Harding

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
4439'

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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: Name Change <input checked="" type="checkbox"/>		OTHER: <input 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.

Change name from WBDGU #14 to West Bravo Dome Gas Unit #201F.

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 06/27/07

Type or print name Carol J. Moore E-mail address: cmoore@hess.com Telephone No. (432)758-6738

For State Use Only

APPROVED BY: [Signature] TITLE DISTRICT SUPERVISOR DATE 6/29/07

Conditions of Approval (if any):