

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I

P.O. Box 1980, Hobbs NM 88241-1980

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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| WELL API NO. | 30-021-20126 |
| 5. Indicate Type of Lease | STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. | L 5816 |
| 7. Lease Name or Unit Agreement Name WEST BRAVO DOME CDG UNIT | |
| 8. Well No. | 3 |
| 9. Pool name or Wildcat | WEST BRAVO DOME |

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| 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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER CO2 SUPPLY WELL | |
| 2. Name of Operator Amerada Hess Corporation | |
| 3. Address of Operator P. O. Box 840, Seminole, Texas 79360-0840 | |
| 4. Well Location Unit Letter F : 1980 Feet From The NORTH Line and 1980 Feet From The WEST Line Section 36 Township 19N Range 29E NMPM HARDING County | |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4521' | |

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

12. 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.

WEST BRAVO DOME CSG UNIT #3

MIRU PULLING UNIT. FRAC TUBB FORMATION AND FLOW TEST FOR 144 HOURS. RUN POLYLINER TO CIMMARRON ANHYDRITE. RDMO PULLING UNIT AND CLEAN LOCATION.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Terry L. Harvey TITLE SR. STAFF ASSISTANT DATE 08/25/97
TYPE OR PRINT NAME TERRY L. HARVEY TELEPHONE NO. 915 758-6778

(This space for State Use)

APPROVED BY Ry E Johnson TITLE DISTRICT SUPERVISOR DATE 9-7-97
CONDITIONS OF APPROVAL, IF ANY: