District I 1625 N. French Dr., Hobbs, NM 88240	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 Permit114284
Phone:(505) 393-6161 Fax:(505) 393-0720			
District II 1301 W. Grand Ave., Artesia, NM 88210	Oil Conservation Division 1220 S. St Francis Dr.		n WELL API NUMBER 30-021-20510
Phone:(505) 748-1283 Fax:(505) 748-9720			30-021-20310
District III 1000 Rio Brazos Rd., Aztec, NM 87410	Santa l	Fe, NM 87505	5. Indicate Type of Lesse
Phone:(505) 334-6178 Fax:(505) 334-6170			P
District IV			1
1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462			6. State Oil & Gas Lease No.
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 DIFFRENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			CH
PROPOSALS.)			8. Well Number
1. Type of Well:C			231
Name of Operator HESS CORPORATION			9. OGRID Number 495
3. Address of Operator P.O. BOX 840 , SEMINOLE , TX 79360			10. Pool name or Wildcat
4. Well Location	The second second	800000 TO	
Unit Letter G : 2310 feet from t	he N line an	nd 2150 feet fro	om the E line
Section 23 Township	18N F	tange 29E	NMPM Harding County
11.00m and a 400 cm to 12.			Te Annual Control Control
11. Elevation (Show whether DR, KB, BT, GR, etc.) 5361 GR			
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	N TO:		EQUENT REPORT OF:
	AND ABANDON	REMEDIAL WORK	ALTER CASING
	GE OF PLANS	COMMENCE DRILLIN	
	IPLE COMPL	CASING/CEMENT JOH	1900
Other:		Other: Spud	×
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.			
5/15/2010 Spudded well.			
RU SPUD WELL 5/15/2010 @ 18:30			
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 \(\Gamma\), a general permit \(\Gamma\) or an (attached) alternative OCD-approved plan \(\Gamma\).			
SIGNATURE Electronically Signed	TITLE Engineering Tech		DATE 5/18/2010
Type or print name Rita Smith	E-mail address rsmith@hess.com Tel		Telephone No. 432-758-6726
For State Use Only: APPROVED BY: Ed Martin	TITLE Di	strict Supervisor	DATE 5/24/2010