

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised August 1, 2011

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

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.)		WELL API NO. 30-021-20494
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other X CO2		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Hess Corporation		6. State Oil & Gas Lease No.
3. Address of Operator po Box 840 Seminole TX 79360		7. Lease Name or Unit Agreement Name Mitchell
4. Well Location Unit Letter F : 1920 feet from the N line and 1970 feet from the W line Section 9 Township 18N Range 30E NMPM County Harding		8. Well Number 092F
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4345'		9. OGRID Number 495
		10. Pool name or Wildcat 96387 West Bravo Dome CO2 Gas

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"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: Acid Stimulation <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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1830 092F

Start date Week of Feb 13 2014

MIRU Acid pumping services. Test lines. Pump 200 gallons of produced water followed by 4,200 gallons of 7.5% acid. Flush with 10,000 gallons of produced water.

SI well. Re-connect injection line. RDMO.

Notes

hook up to 8 rd. Female thread.

Max treating pressure: 1800#

Max rate: 5.5 BPM

Well will be placed on injection status directly following acid job (No flow-back).

Spud Date:

10/10/2008

Rig Release Date:

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

SIGNATURE Rita C Smith TITLE Senior Regulatory Specialist DATE 2/06/2014

Type or print name Rita C Smith E-mail address: rsmith@hess.com PHONE: 432-758-6726

For State Use Only

APPROVED BY: Ed Martin TITLE DISTRICT SUPERVISOR DATE 2/12/2014

Conditions of Approval (if any):