Office Office	State of New Mexico	Form C-103
<u>District I</u>	Energy, Minerals and Natural Resources	October 13, 2009 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II	ON GONGERNA TYON DAMAGON	30-021-20494
1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION		5. Indicate Type of Lease
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410		STATE FEE
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
87505		
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH		Mitchell
PROPOSALS.)  1. Type of Well: Oil Well Gas Well Other CO2 SUPPLY		8. Well Number 092F
2 Name of Operator		O OCRUPAL
HESS Corporation		493
3. Address of Operator PO Box 840 Seminole TX 79360		10. Pool name or Wildcat (96387) West Bravo Dome CO2 Gas
4. Well Location	Ole 1% /9360	West Blavo Dolle CO2 Gas
Unit Letter F : 1920	feet from the NORTH line and 1	1970 feet from the WEST line
Section 9	Township 18N Range 30E	NMPM County
	Elevation (Show whether DR, RKB, RT, GR, etc.	
	4345'	THE THE PARTY
12. Check Approp	oriate Box to Indicate Nature of Notice	e, Report or Other Data
NOTICE OF INTENT	TION TO:   SUI	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐		
		RILLING OPNS. P AND A
<u> </u>	TIPLE COMPL   CASING/CEMEI	NT JOB
DOWNHOLE COMMINGLE		
OTHER: Acid Stimulation		
		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.		
Start date Thursday, Septembe		·
	ines. Pump 200 gallons of produced water	or followed by
		-
	lush with 10,000 gallons of produced wa	ater.
SI well. Re-connect injection		·
	SUBSEQUE	INT REPORT
	will be	REQUIRED
		· ·
		·····
Spud Date: 10/10/2008	Rig Release Date:	
		J
	· · · · · · · · · · · · · · · · · · ·	
I hereby certify that the information above i	s true and complete to the best of my knowled $\cap$	lge and belief.
(A-10)		
SIGNATURE OVA	TITLE ENGINEER TECH	DATE 9/7/2011
Type or print name RITA C. SMIT	•	ess.com PHONE:432-758-6726
Type or print name RITA C. SMIT.  For State Use Only	H pa.a. rsmith@he	PHONE 100 0720
101 0000 000 0000	L-man address.	1
[() 21	•	1
APPROVED BY: Mar Conditions of Approval (if any):	•	PERVISOR DATE 9/19/2011