

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

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

Form C-103

Revised August 1, 2011

WELL API NO. 30-021-20494
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Mitchell
8. Well Number 092F
9. OGRID Number 495
10. Pool name or Wildcat 96387 West Bravo Dome CO2 Gas
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4345'

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 X CO2	
2. Name of Operator Hess Corporation	
3. Address of Operator PO Box 840 Seminole TX 79360	
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	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4345'	

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: Step Rate <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.

SHUT IN INJECTION WELL(S) A MINIMUM OF 24 HOURS PRIOR TO TEST
RIG UP PUMP TRUCK AND CARDINAL'S CONTROL TRAILER
GOIH AND SET PRESSURE TOOL ABOVE CSG SHOE
RECORD BHP FOR MINIMUM 15 MINUTES PRIOR TO STARTING TEST
START TEST @ 100 BPD AND GO FOR ONE HOUR PER STEP
INCREASE RATE BY 100 BPD FOR FIRST 3 STEPS (1830-271F)
AFTER 3 STEPS INCREASE RATE BY 200 BPD PER STEP
STEP SIZE MAY BE INCREASED LATER IN TEST IF NEEDED
AFTER FINAL TEST SHUT IN WELL AND RECORD DATA FOR 30 MINUTES
POOH & RD
FOR 1830-092F, FOLLOW ABOVE PROCEDURE EXCEPT FOR THE FOLLOWING
AFTER THE FIRST 3 STEPS @ 100 BPD CONTINUE WITH 100 BPD STEP INCREASE FOR TWO
MORE STEPS BEFORE GOING TO 200 BPD INCREASES PER STEP
MAY NEED TO MODIFY ON WELL SITE
SEE PREVIOUS TEST

NOTE: AS REQUIRED BY THE STATE WE WILL GO WITH ONE HOUR STEP LENGTH FOR THESE WELLS

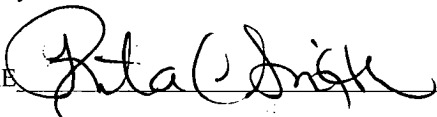
Spud Date:

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



TITLE

Senior Regulatory Specialist

DATE

08/10/2012

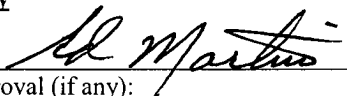
Type or print name Rita C Smith

E-mail address: rsmith@hess.com

PHONE: 432-758-6726

For State Use Only

APPROVED BY:



TITLE

DISTRICT SUPERVISOR

DATE

8/17/2012

Conditions of Approval (if any):