Submit 3 Copies To Appropriate District Office  State of The Mexico	Form C-103 May 27, 2004
District I  District II  District II  ONL CONTAINS AND NATURAL RESOurces	WELL API NO. 30-021-20229
District III 1301 W. Grand Ave., Artesia, NM 88210 1220 South St. Francis Dr.	5. Indicate Type of Lease STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410  District IV 1220 S. St. Francis Dr., Santa Fe, NM  1220 S. St. Francis Dr., Santa Fe, NM	6. State Oil & Gas Lease No. L-5852
87505 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	7. Lease Name or Unit Agreement Name West Bravo Dome CDG Unit
PROPOSALS.)  1. Type of Well: Oil Well Gas Well Other CO2 Supply	8. Well Number <sub>18</sub>
2. Name of Operator	9. OGRID Number
Hess Corporation	10. Pool name or Wildcat
3. Address of Operator P.O. Box 840 Seminole, TX 79360	West Bravo Dome
4. Well Location	Treat Brave Borne
	1650 feet from the West line
Section 18 Township 19N Range 29E	NMPM County Harding
11. Elevation (Show whether DR, RKB, RT, GR, etc., 5410.6'	
Pit or Below-grade Tank Application or Closure	
Pit type Depth to Groundwater Distance from nearest fresh water well Dist	
	onstruction Material
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK  PLUG AND ABANDON  REMEDIAL WOR  TEMPORARILY ABANDON  CHANGE PLANS  COMMENCE DRI  PULL OR ALTER CASING  MULTIPLE COMPL  CASING/CEMEN	ILLING OPNS. P AND A
	g Integrity Test
13. Describe proposed or completed operations. (Clearly state all pertinent details, and	
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.	
8/9/2006	
Pressure tested casing to 575 psi for 30 min. Held OK. Chart attached. TA'd we	и
Hess Corporation respectfully requests to continue TA'd status on well.	
I hereby certify that the information above is true and complete to the best of my knowledge	e and belief. I further certify that any pit or below-
grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan.	
SIGNATURE ONO MOOC TITLE Senior Advisor/Regu	DATE 8/22/2006

Type or print name Carol J. Moore For State Use Only APPROVED BY: Conditions of Approval (if any):

Telephone No. (432)758-6738

TITLE DISTRICT SUPERVISOR DATE 9-12-06

E-mail address: cmoore@hess.com

