RECHIVED	
Submit 3 Copies To Appropriate District State of New Mexico	Form C-103
Office District 1 Energy, Minerals and Impgal Resources	May 27, 2004
1025 N. Flench Dr., Hours, NW 88240	WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION OIL CONSERVATION DIVISION	30-021-20120 5. Indicate Type of Lease
District III 1220 South ST. Francis Dr.	STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	
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	State DN
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: Oil Well Gas Well Other CO2 Supply	8. Well Number 0 1
2. Name of Operator	9. OGRID Number
Hess Corporation 3. Address of Operator	10. Pool name or Wildcat
P.O. Box 840 Seminole, TX 79360	West Bravo Dome
4. Well Location	Troot Brato Bonne
Unit Letter K: 1980 feet from the South line and	1980 feet from the West line
Section 16 Township 18N Range 30E	NMPM County Harding
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
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; Co-	nstruction Material
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	-
TEMPORARILY ABANDON	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT	T JOB L
OTHER: OTHER: Casing	
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.	
8/9/2006	
Pressure tested casing to 520 psi for 30 min. Held OK. Chart attached. TA'd well. Hess Corporation respectfully requests to continue TA'd status on well.	

Type or print name Carol J. Moore

E-mail address: cmoore@hess.com

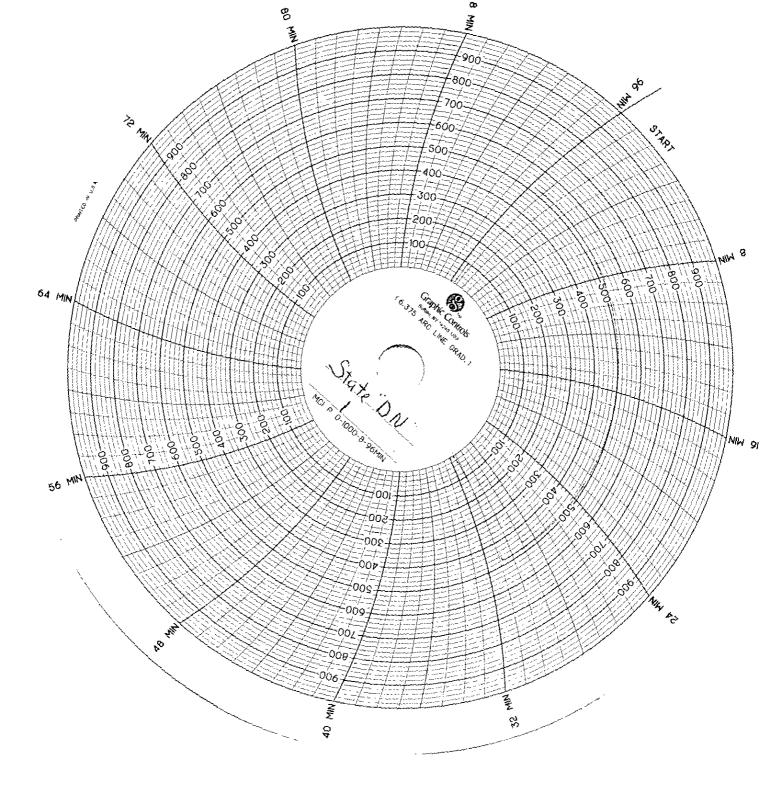
Telephone No. (432)758-6738

For State Use Only

APPROVED BY: Of Market Conditions of Approval (if any):

TITLE DISTRICT SUPERVISOR

DATE 9-12-06



The Care Care

