

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103

May 27, 2004

OIL CONSERVATION DIVISION

1220 South St. Francis

Santa Fe, NM 87505

2007 JUN 29 PM 12 24

WELL API NO.

30-021-20122

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

L-5814

7. Lease Name or Unit Agreement Name

West Bravo Dome Unit

8. Well Number 031J

9. OGRID Number 495

10. Pool name or Wildcat

West Bravo Dome CO2 Gas (96387)

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 ☐ Gas Well ☐ Other CO2 Supply

2. Name of Operator

Hess Corporation

3. Address of Operator

P.O. Box 840 Seminole, TX 79360

4. Well Location

Unit Letter J : 1980 feet from the South line and 1830 feet from the East line
Section 3 Township 19N Range 29E NMPM County Harding11. Elevation (Show whether DR, RKB, RT, GR, etc.)
4688'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; Construction Material _____

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐ CHANGE PLANS ☐PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐OTHER: Name Change ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ P AND A ☐CASING/CEMENT JOB ☐OTHER: ☐

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.

Change name from WBDGU #9 to West Bravo Dome Gas Unit #031J.

I hereby certify that the information above is true and complete to the best of my knowledge 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 Carol J. Moore TITLE Senior Advisor/Regulatory DATE 06/27/07

Type or print name Carol J. Moore

E-mail address: cmoore@hess.com

Telephone No. (432)758-6738

For State Use Only

APPROVED BY: Ed Martin TITLE DISTRICT SUPERVISOR DATE 6/29/07

Conditions of Approval (if any):