Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office May 27, 2004 Energy, Minerals and Natural Resources District I WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 30-021-20439 District II OIL CONSERVATION DIVISION 1301 W. Grand Ave., Artesia, NM 88210 5. Indicate Type of Lease District III 1220 South St. Francis Dr. FEE X STATE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 6. State Oil & Gas Lease No. District IV 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 Mitchell DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH 8. Well Number 101 1. Type of Well: Oil Well Gas Well X Other CO2 2. Name of Operator 9. OGRID Number 495 Hess Corporation 3. Address of Operator 10. Pool name or Wildcat P.O. Box 840 Seminole, TX 79360 West Bravo Dome CO2 Gas 4. Well Location 1800 2150 South East Unit Letter feet from the line and feet from the line Section **Township** 18N Range 29E **NMPM** County Harding 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5405' GL Pit or Below-grade Tank Application or Closure Pit type Lined Depth to Groundwater 1050' Distance from nearest fresh water well >1000 Distance from nearest surface water 1000' Pit Liner Thickness: Below-Grade Tank: Volume 850 bbls; Construction Material Synthetic 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK REMEDIAL WORK ALTERING CASING PLUG AND ABANDON **TEMPORARILY ABANDON** CHANGE PLANS COMMENCE DRILLING OPNS.□ P AND A PULL OR ALTER CASING П MULTIPLE COMPL CASING/CEMENT JOB Pit closure extension X OTHER: 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. Request extension for pit closure to allow evaporation of water. EXTENSION UNTIL 7/25/08 APPROVED. 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 belowgrade tank has been/will/be constructed or closed according to NMOCD guidelines _, a general permit _ or an (attached) alternative OCD-approved plan _. TITLE Regulatory Analyst **SIGNATURE** DATE 3/4/2008 Type or print name Carol Moore E-mail address: cmoore@hess.com Telephone No. (432)758-6738 For State Use Only DISTRICT SUPERVISOR DATE 3/7/0 & APPROVED BY:

Conditions of Approval (if any):

TITLE