

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

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

WELL API NO. 30-021-20119
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. L-5852
7. Lease Name or Unit Agreement Name West Bravo Dome Unit
8. Well Number 071F
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 F : 1980 feet from the North line and 1980 feet from the West line
Section 7 Township 18N Range 30E NMPM County Harding

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
4475'

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:		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"/>	
OTHER: work over <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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Start Date: Approximately 8/26/2008 MIRU pulling unit. ND wellhead and NU BOP's. TOH with 2 3/8" IPC tubing. Laydown all damaged or bad joints and standback all good tubing. PU 4 3/4" bit, 4 - 2 7/8" DC's and PU 2 3/8" workstring off of float and TIH. Tag CIBP at 1890'. RU reverse unit and swivel. Drill out CIBP and continue to clean out to TD. TOH and lay down bit, DC's, and workstring. PU arrowset 1X packer and TIH on 2 3/8" IPC production tubing. Set arrowset 1X packer above perforations at approximately 1970'. Circulate in packer fluid and pressure test 5 1/2" casing to 500psi. ND BOP's and NU Wellhead. RDMO pulling unit. Flowback kill fluid to flowback tank until all kill fluid is returned. SI well. Well to remain SI until December 15, 2008 for first production.

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 Rita Smith TITLE Engineering Technician/Regulatory DATE 08/21/08

Type or print name Rita Smith
For State Use Only

E-mail address: rsmith@hess.com

Telephone No. (432)758-6726

APPROVED BY: [Signature] TITLE **DISTRICT SUPERVISOR** DATE 8/28/08
Conditions of Approval (if any):