| Submit 1 Copy To Appropriate District Office   | State of New Mexico  | Form C-103                           |
|--|--|--------------------------------------|
| <u>District I</u><br>1625 N. French Dr., Hobbs, NM 88240   | Energy, Minerals and Natural Resources   | October 13, 2009 WELL API NO.        |
| District II  | OIL CONSERVATION DIVISION  | 30-021-20437                         |
| 1301 W. Grand Ave., Artesia, NM 88210<br>District III  | 1220 South St. Francis Dr.   | 5. Indicate Type of Lease            |
| 1000 Rio Brazos Rd., Aztec, NM 87410   | Santa Fe, NM 87505   | STATE FEE A                          |
| <u>District IV</u><br>1220 S. St. Francis Dr., Santa Fe, NM<br>87505   | Santa 1 6, 14141 67 505  | 6. State Oil & Gas Lease No.         |
|  | TICES AND REPORTS ON WELLS   | 7. Lease Name or Unit Agreement Name |
|  | POSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A<br>LICATION FOR PERMIT" (FORM C-101) FOR SUCH | WBDU                                 |
| 1. Type of Well: Oil Well Gas Well X Other X CO2   |  | 8. Well Number 161G                  |
| 2. Name of Operator Hess Corporation   |  | 9. OGRID Number<br>495               |
| 3. Address of Operator PO Bo   | ox 840   | 10. Pool name or Wildcat             |
|  | nole TX 79360  | West Bravo Dome CO2 Gas              |
| 4. Well Location  Unit Letter G: 1900 feet from the NORTH line and 1700 feet from the EAST line  |  |                                      |
| Section 16   | mic and  |                                      |
| Section 16   | Township 18N Range 29E 11. Elevation (Show whether DR, RKB, RT, GR, etc.                     | NMPM County HARDING                  |
|  | 5427 GR  |                                      |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data   |  |                                      |
| NOTICE OF I  | NTENTION TO: SUI   | BSEQUENT REPORT OF:                  |
| PERFORM REMEDIAL WORK  |  | <del></del>                          |
| TEMPORARILY ABANDON  |  | RILLING OPNS. P AND A                |
| PULL OR ALTER CASING DOWNHOLE COMMINGLE  |  | NT JOB                               |
|  | -  |                                      |
| OTHER:   |  | est Approval                         |
| 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of |  |                                      |
| proposed completion or recompletion.   |  |                                      |
| Requesting approval for the tubingless completion.   |  |                                      |
| This well has fiberglass casing from surface to the productive interval (TUBB).  |  |                                      |
| Steel casing will be used across the TUBB.  The fiberglass casing must penetrate the Cimarron at a minimum.  |  |                                      |
| The optimum point for the setting the fiberglass casing  |  |                                      |
| is at the midpoint of the Cimarron formation.  |  |                                      |
|  |  |                                      |
|  |  |                                      |
|  |  |                                      |
|  |  |                                      |
|  |  |                                      |
| Spud Date: 07/27/200   | Rig Release Date:  |                                      |
|  | <b></b>  |                                      |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.   |  |                                      |
|  |  | ge und bellet.                       |
| SIGNATURE TO THE   | A TIME ENGINEEDING TO  | 701                                  |
| SIGNATURE 1/1CCC   | TITLE ENGINEERING T  | ECH DATE 1/8/2010                    |
| Type or print name Rita C.   | Smith E-mail address: rsmith@h   | ess.com PHONE:432-758-6726           |
| For State Use Only   |  |                                      |
| APPROVED BY:   | Martin TITLE DISTRICT SUP  | ERVISOR DATE //2//0                  |
| Conditions of Approval (if any):   | / mill state of  | DATE 1/-1/10                         |