Submit I Copy To Appropriate District Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resource	October 13, 2009
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-021-20494
District III	1220 South St. Francis Dr.	*5'. Indicate Type of Lease STATE FEE X
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505 E	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	NEUCIVEL) o. State on a sas Lease 110.
87505	CORS AND DEPONDANCE OF THE	
SUNDRY NOT	ICES AND REPOR TOION MELLS PM SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLIE	CATION FOR PERMIT" (FORM C-101) FOR SUCH	Mitchell 1830
PROPOSALS.)		8. Well Number 092F
1. Type of Well: Oil Well	Gas Well Other SWD	
Name of Operator Hess Corporation		9. OGRID Number 495
3. Address of Operator		10. Pool name or Wildcat
PO Box 840, Seminole, Texas 7930	60	96387
4. Well Location		
Unit Letter_F:1920feet from the _North line and _1970feet from the		
Westline		
Section 9	Township 18 North Range 30 E	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4345' GR		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK X PLUG AND ABANDON REMEDIAL WORK ALTERING CASING ALTERING CASING		
TEMPORARILY ABANDON		
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL CASING/CE	MENT JOB
DOWNHOLE COMMINGLE []		
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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of		
proposed completion or recompletion.		
Re-Run Pump In Test.		
Pump In Test results on SWD well differentiate from actual SWD rates and pressures.		
Tentative test date is 2/9/2010 thru 2/10/2010		
Spud Date:	Rig Release Date:	
I hereby certify that the information	above is true and complete to the best of my know	wledge and belief
A A \	- 1	riouge and perior.
SIGNATURE TITLE Senior Electrical Engr Adviser DATE 2/4/2010		
T V		01
Type or print name _R. J. Greenroad E-mail address:rgreenroad@hess.com PHONE: _432-599-1353		
For State Use Only		
APPROVED BY:	TITLE DISTRICT SUI	PERVIOUR DATE 2/9/10
Conditions of Approval (if any):		