Submit 1 Copy To Appropriate District Office	State of New Me			n C-103
District I	Energy, Minerals and Natural Resources		October 13, 2009	
625 N. French Dr., Hobbs, NM 88240 District II		WELL API NO. 30-021-20131		
1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION		5. Indicate Type of Lease		
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410		STATE X FEE	<u> </u>	
District IV 1220 S. St. Francis Dr., Santa Fe, NM		6. State Oil & Gas Lease No.		
87505				
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement	1
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH		West Bravo Dome Unit		
PROPOSALS.)  1. Type of Well: Oil Well Gas Well Other CO2 Supply		8. Well Number 091G		
2. Name of Operator			9. OGRID Number	
Hess Corporation			495	
3. Address of Operator PO Box 840			10. Pool name or Wildcat (96387)	
Seminole TX 79360			West Bravo Dome CO2	Gas
4. Well Location  Unit Letter G : 1	650 feet from the NORTH	J line and 16	feet from the EAST	line
Unit Letter G: 1650 feet from the NORTH line and 1650 feet from the EAST line Section 9 Township 19N Range 29E NMPM County HARDING				
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
5366'				
12. Check Ap	propriate Box to Indicate Na	ature of Notice, l	Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR			<u> </u>	ING □
TEMPORARILY ABANDON				
PULL OR ALTER CASING			JOB 🗆	
DOWNHOLE COMMINGLE	ļ			
OTHER:		OTHER:	swab unit	X
	ed operations. (Clearly state all p		give pertinent dates, including estin	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.				
MIxRU swab unit to swab down tubing to kick well off,				
well dead, made 2 runs, recovered 4 bbls of load water,				
found fluid level at 1500 feet from surface,				
left fluid level at 2600 feet from surface,				
well still dead, drop 2 gas and 3 soap sticks,				
leave well open to tank overnight.				
C. I.D.	n: n 1	te: 6/22/20	1.0	
Spud Date:	Rig Release Da	te: 0/22/20		
I hereby certify that the information ab	ove is true and complete to the be	est of my knowledge	and belief.	
	•	, ,		
SIGNATURE Xta (X	SIIA THE Engi	neering Tec	b DATE 6/22/2	010
Type or print name Rita C. Smith E-mail address: rsmith@hess.com PHONE: 432-758-6726				
For State Use Only				
APPROVED BY: A Marking TITLE DISTRICT SUPERVISOR DATE 6/3/10				
Conditions of Approval (if any):				
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