

Submit 1 Copy 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
October 13, 2009

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

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|--|--|---|
| 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.) | | WELL API NO. 30-021-20507 |
| 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other CO2 Supply <input type="checkbox"/> | | 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 2. Name of Operator Hess Corporation | | 6. State Oil & Gas Lease No. |
| 3. Address of Operator PO Box 840 Seminole TX 79360 | | 7. Lease Name or Unit Agreement Name MITCHELL |
| 4. Well Location Unit Letter K : 1650 feet from the SOUTH line and 1650 feet from the WEST line Section 17 Township 19N Range 29E NMPM County HARDING | | 8. Well Number 171K |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5423' | | 9. OGRID Number 495 |
| | | 10. Pool name or Wildcat (96387) West Bravo Dome CO2 Gas |

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"/> | |
| DOWNHOLE COMMINGLE <input type="checkbox"/> | | | |
| OTHER: <input type="checkbox"/> | | OTHER: Swab unit <input checked="" 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

- MIRU swab unit, swab water in 5.5" casing
make 12 runs, swab water down to 2200 feet from surface.
recovered 47 bbls of load water.
- RDMO dump 2 gals of liquid kcl, close well in

Spud Date:

6/13/2010

Rig Release Date:

6-22-2010

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Rita C. Smith TITLE Engineering Tech DATE 6/23/2010

Type or print name Rita C. Smith E-mail address: rsmith@hess.com PHONE: 432-758-6726
For State Use Only

APPROVED BY: DL Martin TITLE DISTRICT SUPERVISOR DATE 6/2/10
Conditions of Approval (if any):