

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

WELL API NO. 30-021-20118
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name West Bravo Dome Unit
8. Well Number 061G
9. OGRID Number 495
10. Pool name or Wildcat West Bravo Dome CO2 Gas
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4442' GR

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other X CO2	
2. Name of Operator Hess Corporation	
3. Address of Operator PO Box 840 Seminole TX 79360	
4. Well Location Unit Letter G : 1980 feet from the North line and 1980 feet from the EAST line Section 6 Township 18N Range 30E NMPM County Harding	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4442' GR	

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: Repair Csg <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 Sundown rig # 3, held pre rig up safe work permit.  
Killed well w/ lease water, unflanged and installed BOP's.  
Unset Arrow Set packer, TOH w/ tbg and packer. TIH w/ repaired Arrow Set 1X packer,  
1.5" "F" nipple and T-2 on-off tool, set packer at same depth, TOH and laid  
down 2 3/8" IPC J-55 tbg on seals. Tallied and picked up new 2 3/8" 2000 psi T2020AS  
fiberglass tubing, 64 jts total, packer set at 1903.84 by new tally, circulated packer fluid,  
removed BOP, flanged up w/ F-1 flange, 7 points tension on tbg. RDMO

Spud Date:

Rig Release Date:

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

SIGNATURE Rita C. Smith TITLE Engineer Tech DATE 7/1/2010

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

For State Use Only

APPROVED BY: El Martin TITLE DISTRICT SUPERVISOR DATE 7/2/10

Conditions of Approval (if any):

**PERMIAN BUSINESS UNIT**  
**Production Schematic and Well Summary**  
**WBDGU 1830 061G (WBDGU #6)**

