Office		New Mex				m C-103
District I	Energy, Minerals	and Natura	al Resources	WELL API N		er 13, 2009
1625 N. French Dr., Hobbs, NM 88240 District II				30-021-20504		
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 FEE K			
District IV 1220 S. St. Francis Dr., Santa Fe, NM				6. State Oil &	Gas Lease No.	
87505						
SUNDRY NOTICES AND REPORTS ON WELLS					e or Unit Agreemer	it Name
(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				Mitche	211	
PROPOSALS.)				8. Well Numb	per 191J	
2. Name of Operator				O OCRIPAL I		
HESS Corporation				495		
3. Address of Operator PO Box 840				10. Pool name or Wildcat (96387) West Bravo Dome CO2 Gas		
Seminole TX 79360 4. Well Location				west Bra		2 Gas
	1980 feet from the	SOUTH	line and 1	.650 _{feet}	from the EAST	line
Section 19	root nom the	19N Ran		NMPM		RDING
11. Elevation (Show whether DR, RKB, RT, GR, etc.)						
4460'						
12. Check A	Appropriate Box to In	dicate Na	ture of Notice, l	Report or Otl	ner Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:						
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK		ALTERING CA	SING 🗌
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRIL] PANDA	
PULL OR ALTER CASING	MULTIPLE COMPL		CASING/CEMENT	JOB []	
DOWNHOLE COMMINGLE						
OTHER: Acid Stimul			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.						
MIDII Cablumba	caor W/T Corri	70.0				
- MIRU Schlumberger W/L Services						
- acid stimulation job on well						
- RDMO Schlumberger W/L						
- returned to p	roduction					
						
Spud Date: 4/19/2010	Rig F	Release Date	e:			
			L			
I hereby certify that the information	above is true and complet	te to the hes	t of my knowledge	and belief		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.						
(UX, to 1)	L-67-	- DM	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			0010
SIGNATURE // // ()	DITIT TITI	LE ENGIN	WEER TECH		DATE 6/29/	2010
Type or print name RITA C.	SMITH E-ma	ail address:	rsmith@hes	s.com	PHONE: 432-75	58-6726
For State Use Only	1 1 .					
APPROVED BY:	Martin TITL	E DIST	TRICT SIIPE	dogIVS	DATE 7/7/1	· _
Conditions of Approval (if any):	/ 111L	L BE 1 (2)	W W I W W I L		DATE ////	0