

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.	30-021-20508
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name Mitchell	
8. Well Number	181B
9. OGRID Number	495
10. Pool name or Wildcat (96387) West Bravo Dome CO2 Gas	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4503' 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 checked="" type="checkbox"/> Other CO2 SUPPLY	
2. Name of Operator HESS Corporation	
3. Address of Operator PO Box 840 Seminole TX 79360	
4. Well Location Unit Letter B : 1200 feet from the NORTH line and 1650 feet from the EAST line Section 18 Township 18N Range 30E NMPM County HARDING	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4503' 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: Acid Stimulation <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 Halliburton coyote pump truck. JSA.

Pumped 1000 gals. 7.5% HCl on 2026'-2030'
Flushed with 1209 Gals. (28.8 bbls) of produced water
RDMO Halliburton pump truck.
Let acid sit on perf zone for 1 hr.
Return to production

Spud Date:

5/4/2010

Rig Release Date:

06/30/2010

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

SIGNATURE

Rita C. Smith

TITLE ENGINEER TECH

DATE 7/2/2010

Type or print name RITA C. SMITH

E-mail address: rsmith@hess.com

PHONE: 432-758-6726

For State Use Only

APPROVED BY:

Ed Martin

TITLE

DISTRICT SUPERVISOR

DATE 7/2/10

Conditions of Approval (if any):