| Submit 1 Copy To Appropriate District Office  | State of New Mexico                    |                     |                   | Form C-103                           |                     |              |
|---|--|---------------------|-------------------|--------------------------------------|---------------------|--------------|
| <u>District I</u>   | Energy, Minerals and Natural Resources |                     | urces             | October 13, 2009 WELL API NO.        |                     |              |
| 1625 N. French Dr., Hobbs, NM 88240 District II   |  |                     |                   | 30-021-20448                         |                     |              |
| 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION   |  |                     | ION               | 5. Indicate Type of Lease            |                     |              |
| District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410  |  |                     |                   | STATE FEE X                          |                     |              |
| District IV Santa Fe, NW 8/303  |  |                     |                   | 6. State Oil &                       | Gas Lease No.       |              |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505  |  |                     |                   |                                      |                     |              |
| SUNDRY NOTICES AND REPORTS ON WELLS   |  |                     |                   | 7. Lease Name or Unit Agreement 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 PROPOSALS.) |  |                     |                   | West Bravo Dome Unit (WBDU)          |                     |              |
| 1. Type of Well: Oil Well Gas Well Other CO2 GAS WELL   |  |                     |                   | 8. Well Number 041GX                 |                     |              |
| 2. Name of Operator Hess Corporation  |  |                     |                   | 9. OGRID Number 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  |  |                     |                   | 10-07,                               |                     |              |
| Unit Letter G:  | feet from the                          | NORTH lin           | e and16           | 50feet f                             | rom the <u>EAST</u> | line         |
| Section 4   |  | 8N Range 291        |                   | NMPM                                 | County HARI         | DING         |
| green and the second  | 11. Elevation (Show who                |                     | T, GR, etc.)      |                                      | H. (18)             |              |
| Section 1995  | 5418                                   | GR                  |                   | <u> </u>                             |                     |              |
| 12. Check Ap  | ppropriate Box to Inc                  | licate Nature of    | Notice, R         | eport or Othe                        | er Data             |              |
| NOTICE OF INT   | ENTION TO:                             | 1                   | CLIDE             | EOLIENT D                            | EPORT OF:           |              |
| NOTICE OF INT PERFORM REMEDIAL WORK   | PLUG AND ABANDON                       | ☐ REME              | SUBS<br>DIAL WORK |                                      | ALTERING C          | ASING 🗆      |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A  |  |                     |                   |                                      |                     |              |
| PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB   |  |                     |                   |                                      |                     |              |
| DOWNHOLE COMMINGLE :  |  |                     |                   |                                      |                     |              |
| OTHER:  |  | OTHER               | <b>)</b> .        | SBHP                                 | Dip-ins             | IXI          |
| 13. Describe proposed or comple   | ted operations. (Clearly               |                     | <del></del>       |                                      |                     | timated 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 Renegade WL  | services.                              |                     |                   |                                      |                     |              |
| RIH w/pressure guage to mid perf.   |  |                     |                   |                                      |                     |              |
| TOOH w/ pressure  | guage.                                 |                     |                   |                                      |                     |              |
| RDMO Renegade.  |  |                     |                   |                                      |                     |              |
|   |  |                     |                   |                                      |                     |              |
|   | *                                      |                     |                   |                                      |                     |              |
|   |  |                     |                   |                                      |                     |              |
|   |  |                     |                   |                                      |                     |              |
| Snud Date: 08/25/2007   | 7                                      |                     |                   |                                      |                     |              |
| Spud Date: 08/25/2007   | Rig R                                  | elease Date:        |                   |                                      | [                   |              |
|   | <del></del>                            |                     |                   |                                      | •                   | •            |
| I hereby certify that the information ab  | ove is true and complete               | e to the best of my | knowledge         | and belief                           |                     |              |
|   | ove is true and complete               | o to the ocst of my | inio wiedge       | and solier.                          |                     |              |
| (A + 0)   | 1 611                                  |                     |                   |                                      |                     |              |
| SIGNATURE TITLE Engineering Tech  |  |                     | Tech              | ]                                    | DATE 5/5/20         | 11           |
| Type or print name RITA C SMITH   | E                                      | il address: rsmitl  | h@hecc co         | n 1                                  | PHONE: 432-75       | 58-6726      |
| For State Use Only  |  |                     |                   |                                      |                     |              |
| 10 0  | 1 -                                    | nietdia             | T CHDE            | DVICAD                               | _/                  | /            |
| APPROVED BY: Conditions of Approval (if any):   | TITLI                                  | DISTRIC             | I QUEE            | UAIDAK I                             | DATE <u>5/10</u>    | /2011        |