

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

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

Form C-103
October 13, 2009

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. 30-021-20506
1. Type of Well: Oil Well ☐ Gas Well ☐ Other CO2 Supply ☐		5. Indicate Type of Lease STATE ☐ FEE ☒
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 West Bravo Dome Unit
4. Well Location Unit Letter J : 1980 feet from the SOUTH line and 1650 feet from the EAST line Section 22 Township 19N Range 29E NMPM County HARDING		8. Well Number 221J
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4601'		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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

OTHER:

72 hr PBU

☒

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 Renegade WL services.

Lower pressure/temperature tools to mid perf.

72 hr. PBU. TOOH w/ tools.

RDMO.

Spud Date:

4/23/2010

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 Engineering Tech

DATE 05/05/2011

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 5/10/2011

Conditions of Approval (if any):