

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

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

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. 30-021-20494
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other (SWD) <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Hess Corporation		6. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 840 Seminole, TX 79360		7. Lease Name or Unit Agreement Name Mitchell
4. Well Location Unit Letter <u>F</u> : <u>1920</u> feet from the <u>North</u> line and <u>1970</u> feet from the <u>West</u> line Section <u>9</u> Township <u>18N</u> Range <u>30E</u> NMPM County <u>Harding</u>		8. Well Number <u>092F</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4345' GR		9. OGRID Number <u>495</u>
		10. Pool name or Wildcat West Bravo Dome CO2 Gas

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" 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"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input 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.

Well Name: Mitchell 1830 092F

Estimated Start: October 20, 2015

Work Days: 5

Scope: Cleanout SWD to improve injectivity (drill out fill, perform acid wash and return to injection).

Work Start Date: 10/26/2015 - End Date: 11/2/2015

WOS: MIRU, PU Workstring, Drill Fill, Water Wash with FTI Tool, Perform Acid Job, TIH W/Injection Packer, LD Workstring, RIH w/IPC TBG, Perform MIT/H-5 Test, RDMO.

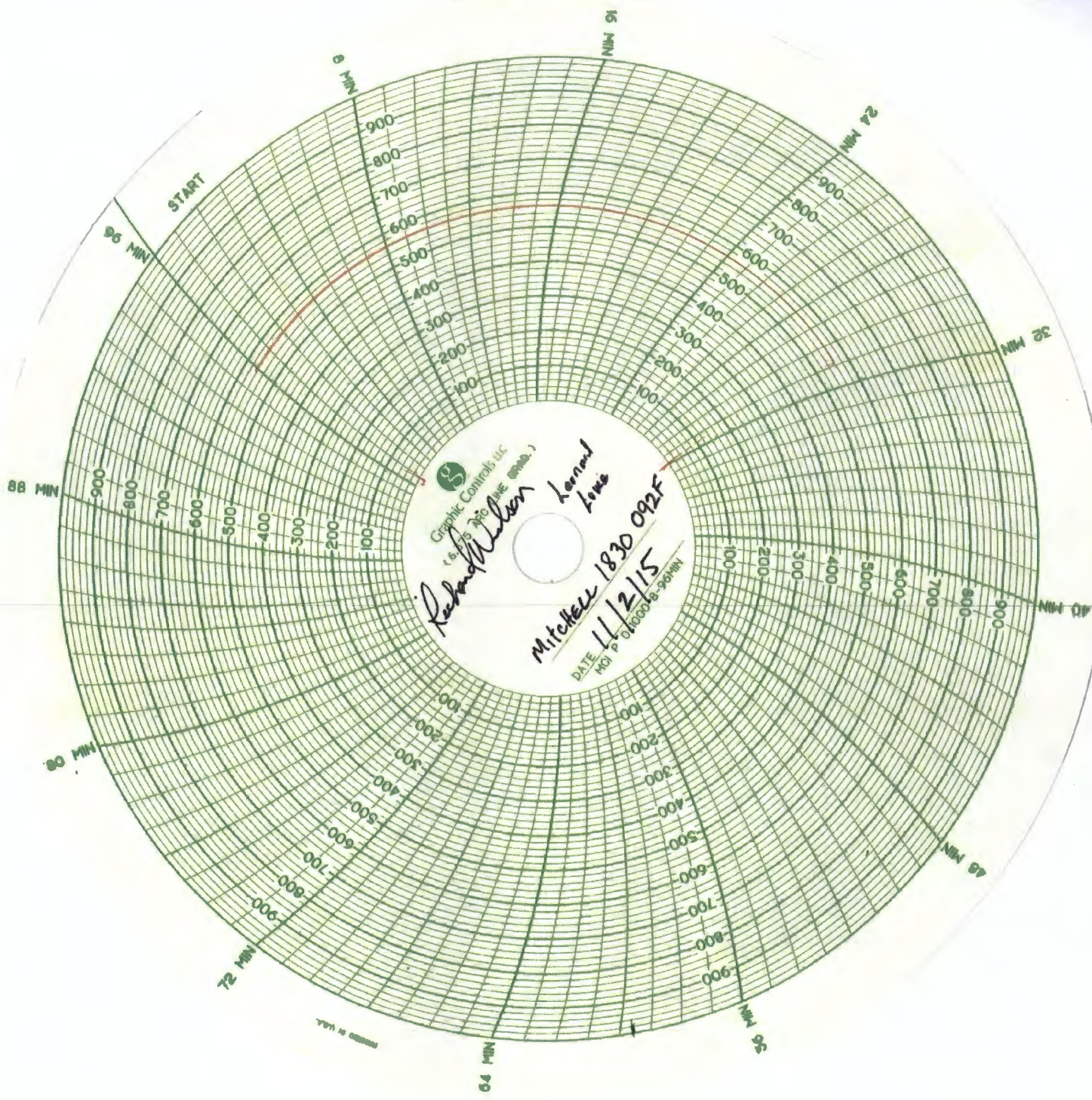
See -attached copy of H-5 chart dated 11/2/2015

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

SIGNATURE April J. Marquez TITLE Analyst, Regulatory DATE 10/2/15

Type or print name April J Marquez E-mail address: amarquez@hess.com PHONE: 432-758-6756
For State Use Only

APPROVED BY: [Signature] TITLE Engineer DATE Nov. 5, 2015
Conditions of Approval (if any):



API: 30-021-20494