

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

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

Form C-103  
Revised August 1, 2011

WELL API NO. 30-021-20543	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name West Bravo Dome Unit	
8. Well Number 312G	
9. OGRID Number 495	
10. Pool name or Wildcat West Bravo Dome CO2 Gas	
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 type="checkbox"/> Other X CO2	
2. Name of Operator Hess Corporation	
3. Address of Operator PO Box 840 Seminole TX 79360	
4. Well Location Unit Letter G : 2310 feet from the N. line and 1650 feet from the E. line Section 31 Township 19N Range 30E NMPM County Harding	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4427 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: CTU Blow-down <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.

1930.312G  
05/01/2012

Utilize Coil Tubing Unit to blow down well to prepare for perforation  
Blow Down 34bbbls of KCI Water

Spud Date:

04/13/2012

Rig Release Date:

05/01/2012

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 05/22/2012  
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 5/30/2012  
Conditions of Approval (if any):