	Submit 1 Copy To Appropriate District Office		State of New Mexico Energy, Minerals and Natural Resources			Form C-103 Revised August 1, 2011		
	<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, M				WELL API NO.		
	<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	283 NM 88210 OIL CONSERVATION DIVISION 6178 1220 South St. Francis Dr. ztec, NM 87410 South St. Francis Dr.				30-021-20546		
	District III - (505) 334-6178				5. Indicate T		□ P	
	1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460				6. State Oil & Gas Lease No.			
	1220 S. St. Francis Dr., Santa Fe, NM 87505						,	
Γ	SUNDRY NOTICES AND REPORTS ON WELLS				7. Lease Name or Unit Agreement Name			
l	(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					West Bravo Dome Unit		
	PROPOSALS.)					8. Well Number 231J		
-	1. Type of Well: Oil Well Gas Well Other X CO2					9. OGRID Number		
	2. Name of Operator Hess Corporation					495		
	1 PO BOX 840 Seminore IX 79300					10. Pool name or Wildcat West Bravo Dome CO2 Gas		
-								
	Unit Letter $\frac{J}{}$: $\frac{1650}{}$ feet from the $\frac{S}{}$ line and $\frac{1980}{}$ feet from the $\frac{E}{}$ line							
ļ	Section 23 Township 19N Range 29E NMPM County Harding							
	11. Elevation (Show whether DR, RKB, RT, GR, etc.)							
	4515 GR 4515 GR							
	12. Cheek Annuaniete Deu te Indicate Nation of Nation December Other Dete							
	12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data							
NOTICE OF INTENTION TO: SUBSEQUENT REPORT								
	PERFORM REMEDIAL WORK TEMPORARILY ABANDON		ND ABANDON REMEDIAL WO					
	PULL OR ALTER CASING	MULTIPLE CO			COMMENCE DRILLING OPNS. CASING/CEMENT JOB			
	DOWNHOLE COMMINGLE	-	_			-	•	
	OTHER: Frac		1X 7	OTHER:				
_	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.							
Prior	proposed completion or re	completion.	•					
	MI and set 500 bbl frac tank, -MI and				valve and flowback	tee on wellhead		
II. M	MIRU Frac crew: -Acid Truck and Van (2)	-MI and set FlowCO2 portable CO2 tank, -MI and set mountain mover (sand bin) -Acid Truck and Van (2):Pump Trucks (4):Blender Truck (1):-CO2 Pump Truck (1) 1 (2): -Crane truck (1):-Miscellaneous Support Vehicles (5-7)						
III.	Perform Site Specific Orientation, JSA	c equipment hazards; -Specific chemical hazards;-Specific job details;-Contingencies						
	Pump well specific frac job; -Per attack		anifold frac valve	*				
	- Perform immediate flowback to flowback tank on ¾" choke for 10 - 30 minutes while Frac Crew stands by RDMO Service Vendor frac crew; -After Service Vendor is off location, begin well flow back to flowback tank on ¾" choke ain frac tank and MO; Empty mountain mover and MO; Empty FlowCO2 portable tank and MO							
VI. W	tin frac tank and MO;Empty mountain mover and MO;Empty FlowCO2 portable tank and MO till Flowback; -Monitor flowback pressure and piping/choke. Replace choke as needed 24 hours, change choke to %" if flowback pressure is above 300 psi.If pressure is below 300 psi, leave %" choke.							
-Afte	er 48 hours, monitor pressure and amour er 72 hours, flowback must be ceased du	nt of sand flowback.	If well has clean	ed up (stops making san		additional 12 hours,	then shut well i	
Nippl	e down frac valve and flowback tee;-Ni puipment Demobilization-Drain, clean or	ipple up production e	quipment and turn	well to sales	k piping,-Clean lo	ocation	,	
						ů O		
					•	:]		
S	Spud Date: 3/30/2012	. •	Rig Release	Date:	•	Ì	•	
	<u> </u>		•					
Ī	I hereby certify that the information above is true and complete to the best of my knowledge and belief.							
S	SIGNATURE X ta C mile TITLE Engineer Tech					DATE 05/15/2	2012	
	MONATORE Y WALC Y							
	ype or print name Rita C Smit	h .	E-mail addr	ess: rsmith@hess	.com	PHONE: 432-7	58-6726	
<u> </u>	For State Use Only	1 1 -	P	atriat aliri	מאמוותם			
	APPROVED BY: Let Marking TITLE DISTRICT SUPER				KAIONK	DATE <u>5/3</u> 0	/2012	
(Conditions of Approval (if any):	/				•		