

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

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. 30-021-20125
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other X CO2		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Hess Corporation		6. State Oil & Gas Lease No. L-5817
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 K : 1980 feet from the SOUTH line and 1980 feet from the WEST line Section 25 Township 19N Range 29E NMPM County HARDING		8. Well Number 251
		9. OGRID Number 495
		10. Pool name or Wildcat West Bravo Dome CO2 Gas
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		

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: HIGH CASING PRESSURE <input checked="" 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.

MIRU. ND WH & NU BOP.
RIH w/ and set blanking plug.
Pressure test tbg & packer.
If packer test "ok", J-off on-off tool & pull tubing, LD while TOOH.
PU & RIH w/ 2 3/8" FG tbg. and J-on packer. Re-test packer & tbg.

If Packer does not test, unset packer & reset @ 2,600' & re-test.
If packer test "ok", J-off & pull tubing, LD while TOOH.
PU & RIH w/ 2 3/8" FG tbg. and J-on packer. Re-test packer & tbg.

If packer does not test after resetting, pull blanking plug/kill well/unset packer.
TOOH w/ tbg. & packer, standing back tbg.
PU re-dressed packer & TIH. Reset packer @ 2,600'. Get off packer & TOOH & LD 2 3/8" tbg.
PU & RIH w/ 2 3/8" FG tbg.
Set blanking plug & re-test packer & tbg.
ND BOP & NU WH. MIRU WL Service & pull blanking plug. RDMO WL Service & PU.
Clean location & turn over to productions.

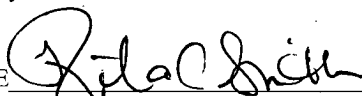
Spud Date:

03/22/1981

Rig Release Date:

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

SIGNATURE



TITLE ENGINEER TECH

DATE 6/13/2012


Type or print name RITA C SMITH

E-mail address: rsmith@hess.com

PHONE: 432-758-6726

For State Use Only

APPROVED BY:



TITLE

DISTRICT SUPERVISOR

DATE 6/25/2012

Conditions of Approval (if any):