

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. 30-021-20541
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> P <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name West Bravo Dome Unit
8. Well Number 292J
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 ☐ Gas Well ☐ Other X CO2

2. Name of Operator Hess Corporation

3. Address of Operator PO Box 840 Seminole TX 79360

4. Well Location

Unit Letter J : 1650 feet from the S line and 1650 feet from the E line
Section 29 Township 19N Range 29E NMPM County Harding

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
5433 GR

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 ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

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

OTHER: CTU ☒

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.

CTU 6/13/2012 Blew down to 2300' with coiled tubing unit

Spud Date:

06/02/2012

Rig Release Date:

06/13/2012

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

SIGNATURE



TITLE

Engineer Tech

DATE

07/06/2012

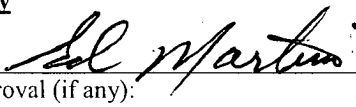
Type or print name Rita C Smith

E-mail address: rsmith@hess.com

PHONE: 432-758-6726

For State Use Only

APPROVED BY:



TITLE

DISTRICT SUPERVISOR

DATE

7/17/2012

Conditions of Approval (if any):