Submit 1 Copy To Appropriate District State of New Mexico Form C-103 Office Revised August 1, 2011 Energy, Minerals and Natural Resources District I - (575) 393-6161 WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 . 30-021-20538 District II - (575) 748-1283 OIL CONSERVATION DIVISION 811 S. First St., Artesia, NM 88210 5. Indicate Type of Lease District III - (505) 334-6178 1220 South St. Francis Dr. Ρ STATE FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 6. State Oil & Gas Lease No. District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A West Bravo Dome Unit DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 8. Well Number 0420 1. Type of Well: Oil Well Gas Well Other X CO2 2. Name of Operator 9. OGRID Number Hess Corporation 3. Address of Operator PO Box 840 10. Pool name or Wildcat Seminole TX West Bravo Dome CO2 Gas Well Location feet from the Unit Letter feet from the line and line 29E Harding Section 4 Township **NMPM** Range County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5431 GR 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK □ PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB DOWNHOLE COMMINGLE OTHER: 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. 8/16/2012 RIH w/2 3/8" Fiber glass tbg & AS-1 PKR and set @ 2845'. accoratio Spud Date: 05/29/2012 Rig Release Date: 08/16/2012 I hereby certify that the information above is true and complete to the best of my knowledge and belief. **SIGNATURE** TITLE Senior Regulatory Analysis DATE Type or print name Rita C Smith E-mail address: rsmith@hess.com PHONE: 432-758-6726 For State Use Only

APPROVED BY:

Conditions of Approval (if any):

DISTRICT SUPERVISOR