| Submit I Copy To Appropriate District | State of New Mexico | Form C-103 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| Office : District <u>I</u> – (575) 393-6161 | Energy, Minerals and Natural Resources | Revised August 1, 2011 |
| 1625 N. French Dr., Hobbs, NM 88240 | | WELL API NO. 30-021-20428 |
| <u>District 11</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210 | OIL CONSERVATION DIVISION | |
| <u>District III</u> – (505) 334-6178 | 1220 South St. Francis Dr. | 5. Indicate Type of Lease STATE FEE STATE |
| 1000 Rio Brazos Rd., Aztec, NM 87410 District <u>IV</u> – (505) 476-3460 | Santa Fe, NM 87505 | 6. State Oil & Gas Lease No. |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | o. State on the das Bease No. |
| 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) | | West Bravo Dome Unit |
| 1. Type of Well: Oil Well Gas Well Other X CO2 | | 8. Well Number 011G |
| 2. Name of Operator Hess Corporation | | 9. OGRID Number |
| 3. Address of Operator PO Box 840 Seminole TX 79360 | | 10. Pool name or Wildcat |
| | | West Bravo Dome CO2 Gas |
| 4. Well Location | | |
| Unit Letter G | feet from theN line and | feet from the E line |
| Section ¹ | Township ^{18N} Range ^{29E} | NMPM County Harding |
| | 11. Elevation (Show whether DR, RKB, RT, GR, e | etc.) |
| | 4511' | |
| 12. Check | Appropriate Box to Indicate Nature of Notic | e, Report or Other Data |
| NOTICE OF I | STENTION TO: | IDOCOLICAT DEDOCT OF |
| PERFORM REMEDIAL WORK | | JBSEQUENT REPORT OF: ORK ☐ ALTERING CASING ☐ |
| TEMPORARILY ABANDON | — I | DRILLING OPNS. P AND A |
| PULL OR ALTER CASING | | |
| DOWNHOLE COMMINGLE | , or converse in the converse | |
| | | |
| OTTIET. | imulation X OTHER: | CTU |
| | pleted operations. (Clearly state all pertinent details, | |
| proposed completion or re | ork). SEE RULE 19.15.7.14 NMAC. For Multiple (| Completions: Attach wellbore diagram of |
| 1829 011G | completion. | |
| Start date | | |
| Week of May 6 - 10 2013 | | |
| MIRU acid truck. Test lin | nes. Bullhead 420 gallons of 7.5% | acid w/HS-2 down fiberglass casino |
| Max treating pressure 750 | psi, max rate 5 BPM. Flush with 20 | 00 gallons of produced water. |
| RDMO acid truck. Shut in | well for 5 hours. Open well to tes | st tank to recover load/spent acid. |
| | ipment and return well to production | · - |
| | | |
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| | | |
| Spud Date: 05/31/2007 | Rig Release Date: | |
| <u> </u> | | |
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| I hereby certify that the information | above is true and complete to the best of my knowle | edge and belief. |
| | 0 | |
| SIGNATURE X tal | TITLE Senior Regulatory | Analyst DATE 4/30/2013 |
| | | DATE |
| Type or print name Rita C Smit | h E-mail address: rsmith@hes | PHONE: 432-758-6726 |
| For State Use Only | | |
| 10 m | / - nietdiat eiii | DEDVICOD |
| APPROVED BY: | attan TITLE DISTRICT SU | PERVISOR DATE 5/6/2013 |
| Conditions of Approval (if any):/ | | • |