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Submit 3 Copies To Appropriate District Office
District I
 1625 N. French Dr., Hobbs, NM 88240
District II
 1301 W. Grand Ave., Artesia, NM 88210
District III
 1000 Rio Brazos Rd., Aztec, NM 87410
District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 May 27, 2004

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-021-20142	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. L-5852	
7. Lease Name or Unit Agreement Name West Bravo Dome CDG Unit	
8. Well Number	16
9. OGRID Number	495
10. Pool name or Wildcat West Bravo Dome	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5435'	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____	
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

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 CO2 Supply ☐

2. Name of Operator
Hess Corporation

3. Address of Operator
P.O. Box 840 Seminole, TX 79360

4. Well Location
 Unit Letter F : 1980 feet from the North line and 1980 feet from the West line
 Section 21 Township 18N Range 29E NMPM County Harding

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"/>	
OTHER: <input type="checkbox"/>		OTHER: Casing Integrity Test <input checked="" 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

8/8/2006

Pressure tested casing to 540 psi for 30 min. Held OK. Chart attached. TA'd well.
 Hess Corporation respectfully requests to continue TA'd status on well.

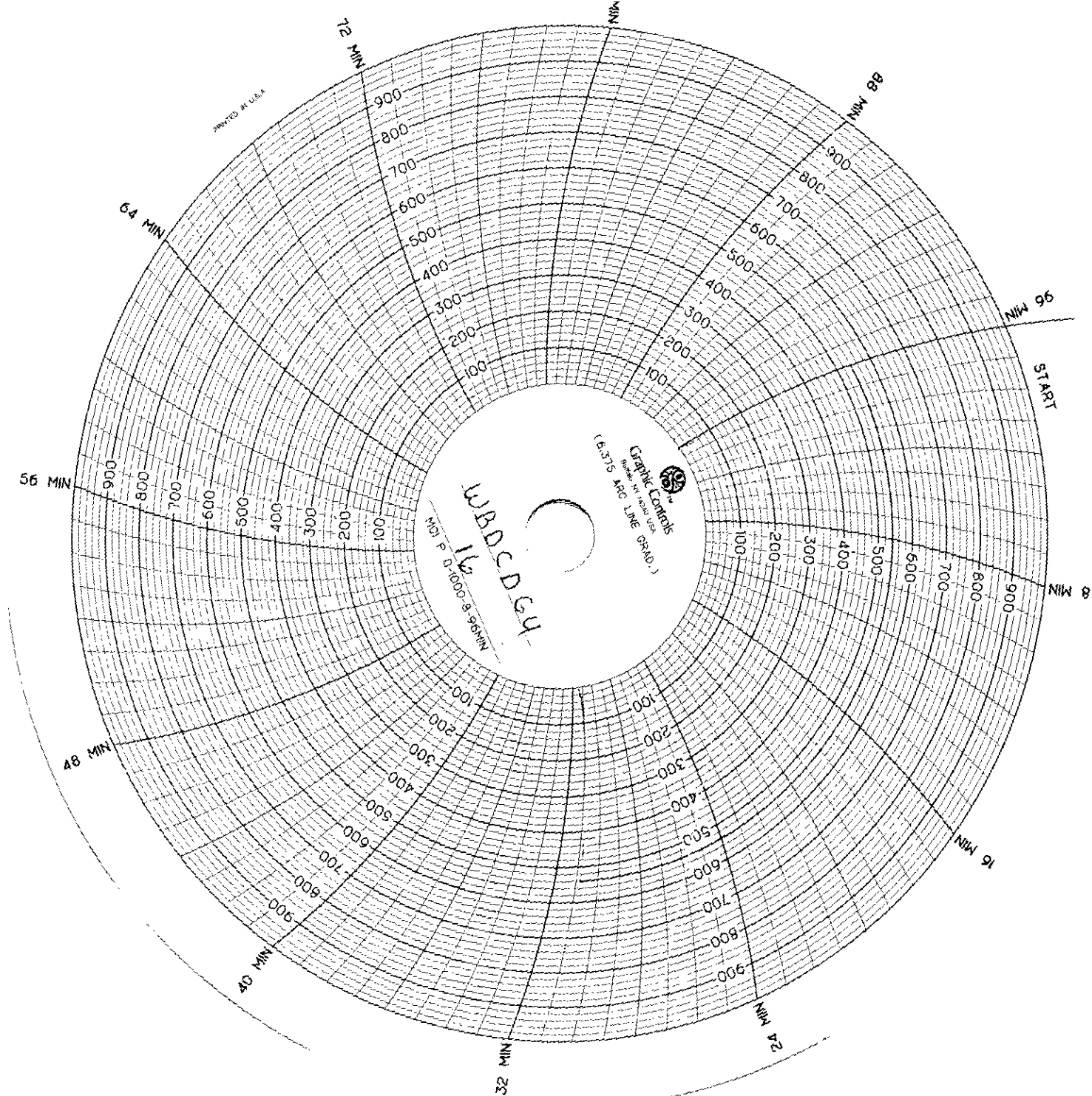
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Carol J. Moore TITLE Senior Advisor/Regulatory DATE 8/22/2006

Type or print name Carol J. Moore E-mail address: cmoore@hess.com Telephone No. (432)758-6738

For State Use Only

APPROVED BY: Ed Martin TITLE DISTRICT SUPERVISOR DATE 9-12-06
 Conditions of Approval (if any):



COMPANY Hess
LEASE WBDL064
WELL 16
TEG. PRESS 250
CSG. PRESS 0
TO 540 PSI FOR 30 MIN
FROM 10:30 TO 11:00
COMAN. Bill Petre
UNIT 0107503 DATE 8-9-06
DRIVER NAME Greg Conley
Bill Petre Hess