

RECEIVED

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

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

Form C-103

May 27, 2004

WELL API NO. 30-021-20125
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. L-5817
7. Lease Name or Unit Agreement Name West Bravo Dome CDG Unit
8. Well Number 4
9. OGRID Number 495
10. Pool name or Wildcat West Bravo Dome

SUNDY 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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other CO2 Supply <input type="checkbox"/>
2. Name of Operator Hess Corporation
3. Address of Operator P.O. Box 840 Seminole, TX 79360
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
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4483'
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 _____

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 ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

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

OTHER: Casing Integrity Test ☒

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.

8/7/2006

Pressure tested casing to 560 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

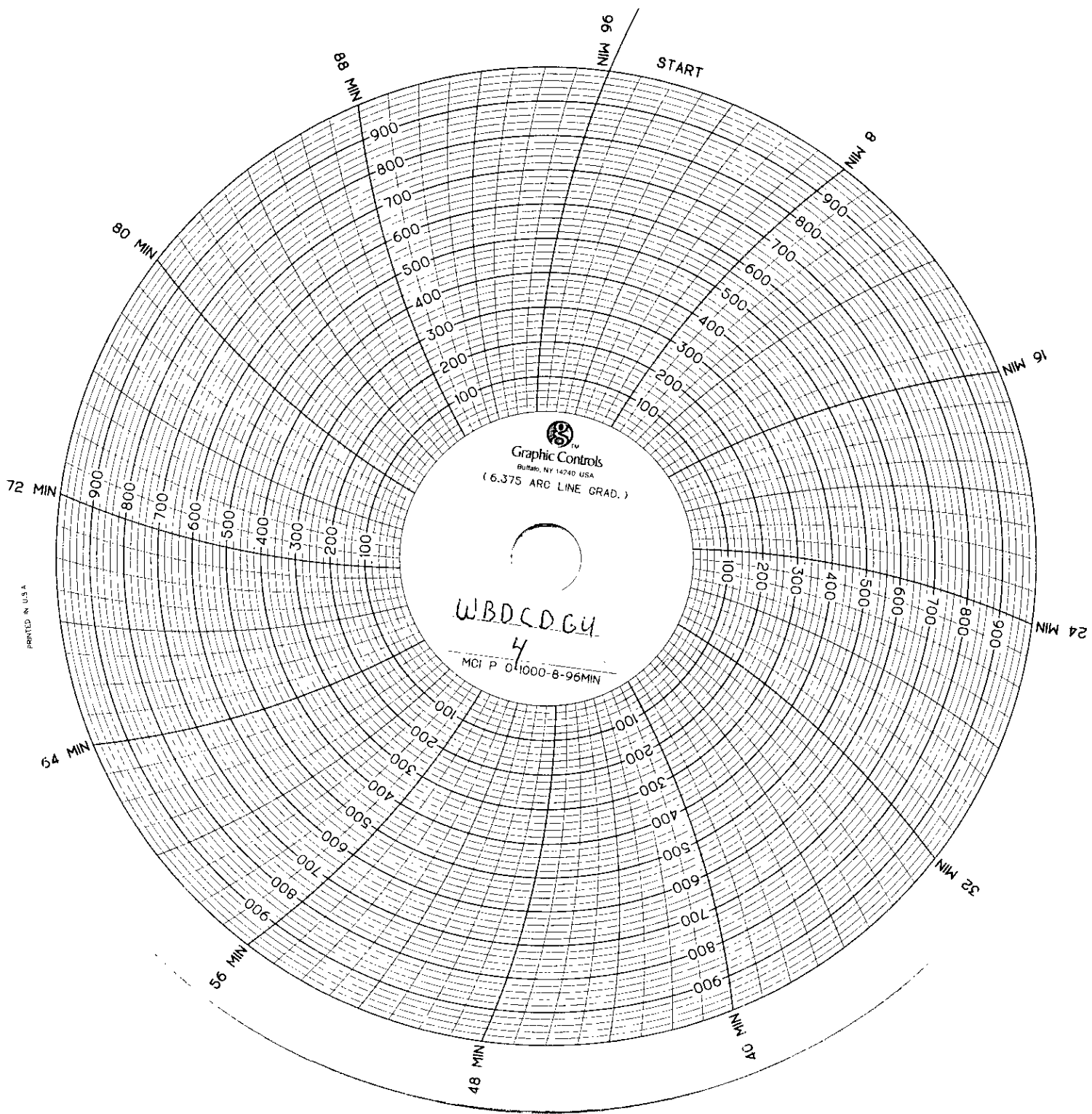
E-mail address: cmoore@hess.com

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 WBDCDGU
WELL #4
G. PRESS 0
PRESS 0
560 PSI FOR 30 MIN
5:30 TO 6:00
Operator Bill Petree
UNIT 0107505 DATE 8-7-06
DRIVER NAME Bill Petree

Ed Martin NMOC