Submit 3 Copies To Appropriate District State C	of New Mexico	Form C-103
Office District I Energy, Minerals and Natural Resources		May 27, 2004
1625 N. French Dr., Hobbs, NM 88240 District II	K	WEIC APT NOT 2013
1301 W. Grand Ave., Artesia, NM 88210 OIL CONSEI	RVATION DIVISION	5. Indicate Type of Lease
1000 Die Druges Dd. Agtes, NM 97410	ith St. Francis Dr.	STATE X FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM	Fe, NM 87505	6. SAle Oil & Gas III se No.
87505	<u> </u>	L-5815
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.)		7.1 Lease Name ion Unividing ement Name 1270 S St. William Christ Christophit West Brave Bons Christophit Santa Fe, NM 87505
1. Type of Well: Oil Well Gas Well Other CO2 Supply		8. Well Number 8
2. Name of Operator		9. OGRID Number
Hess Corporation		10. Pool name or Wildcat
3. Address of Operator		West Bravo Dome
P.O. Box 840 Seminole, TX 79360 West Bravo Dome 4. Well Location		vvest blavo Donie
Unit Letter G: 1650 feet from the North line and 1650 feet from the East line		
Section 9 Township	19N Range 29E	NMPM County Harding
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5366'		
Pit or Below-grade Tank Application or Closure		
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: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON		
PULL OR ALTER CASING		
OTHER: 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.		
8/8/2006		
Pressure tested casing to 600 psi for 30 minutes. Held OK. Chart attached. Well TA'd. Hess Corporation respectfully requests to continue TA'd status on well.		
I hereby certify that the information above is true and com-	plete to the best of my knowledge	re and belief. I further certify that any nit or balance
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/yill be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan.		
SIGNATURE (MOCR)	TITLE_ Senior Advisor/Regu	DATE 8/22/2006
Type or print name Carol J. Moore For State Use Only	E-mail address: cmoore@he	ress.com Telephone No. (432)758-6738

TITLE DISTRICT SUPERVISOR DATE 9-12-06

APPROVED BY: Market

Conditions of Approval (if any):



