| Submit 3 Copies To Appropriate District Office State of New Mexico | Form C-103 |
|---|--|
| District I 1625 N. French Dr., Hobbs, NM 88240 District II | WELL API NO. |
| 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION | 5. Indicate Type of Lease |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | STATE X FEE |
| 1320 C St Empris Dr. Conta Es NM | 6. State Oil & Gas Lease No. |
| 87505 SUNDRY NOTICES AND REPORTS ON WELLS | L-5811 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.) 1. Type of Well: Oil Well Gas Well Other CO2 Supply | 8. Well Number 161H |
| Name of Operator Hess Corporation | 9. OGRID Number 495 |
| 3. Address of Operator | 10. Pool name or Wildcat |
| P.O. Box 840 Seminole, TX 79360 | West Bravo Dome CO2 Gas (96387) |
| 4. Well Location | |
| Unit Letter H: 1650 feet from the North line an | |
| Section 16 Township 19N Range 29E NMPM County Harding 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | |
| 4685' 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: PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐ | |
| | E DRILLING OPNS. P AND A |
| | EMENT JOB |
| OTHER: Name Change | · |
| 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. | |
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| Change name from WBDGU #7 to West Bravo Dome Gas Unit #161H. | |
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| 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 (MODU TITLE Senior Advis | sor/Regulatory DATE 06/27/07 |
| Type or print name Carol J. Moore E-mail address: cmoore@hess.com Telephone No. (432)758-6738 | |
| For State Use Only NICTRICT CURENCE | |

APPROVED BY: Conditions of Approval (if any):

TITLE DISTRICT SUPERVISOR DATE 6/29/0>