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	May 27, 2004 WELL API NO. 30-021-20118
1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410 H 1220 Sputh of Francis Dr.	STATE X FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM 2007 1111 20 2007	6. State Oil & Gas Lease No.
87505	L-5853
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	7. Lease Name or Unit Agreement Name West Bravo Dome Unit
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other CO2 Supply	8. Well Number 061G
2. Name of Operator	9. OGRID Number
Hess Corporation	495 10. Pool name or Wildcat
3. Address of Operator P.O. Box 840 Seminole, TX 79360	West Bravo Dome CO2 Gas (96387)
4. Well Location	
Unit Letter G: 1980 feet from the North line and 1980 feet from the East line	
Section 6 Township 18N Range 30E	NMPM County Harding
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4442'	
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 MULTIPLE COMPL CASING/CEMEN	
OTHER: Name Change OTHER: OTHER:	
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.	
Change name from WBDGU #6 to West Bravo Dome Gas Unit #061G.	
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 (MO), WOOD TITLE Senior Advisor/R	egulatory DATE 06/27/07
Type or print name Carol J. Moore E-mail address: cmoore@he For State Use Only	•
APPROVED BY: TITLE DISTRICT SU	IPERVISOR DATE 6/28/112

APPROVED BY: Conditions of Approval (if any):