State of New Mexico Office District I 625 N. French Dr., Hobbs, NM 88240 District II		Form C-103 May 27, 2004
		WELL API NO. 30-021-20229
1301 W. Grand Ave., Artesia, NM 88210 District III 1000 Rio Brazos Rd. Artes NM 87410 1220 South	VATION DIVISION	5. Indicate Type of Lease STATE X FEE
District IV Santa Fe, NM 87505		6. State Oil & Gas Lease No.
87505	JUN 29 PM 12 25	L-5852
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. Lease Name or Unit Agreement Name West Bravo Dome Unit
1. Type of Well: Oil Well Gas Well Other CO2 Supply		8. Well Number 181F
2. 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 F: 1650 feet from the North line and 1650 feet from the West line		
Section 18 Township 19N Range 29E NMPM County Harding		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
5410.6' 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 TEMPORARILY ABANDON ☐ CHANGE PLANS PULL OR ALTER CASING ☐ MULTIPLE COMPL	I ☐ REMEDIAL WOF	RILLING OPNS. P AND A
OTHER: Name Change	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.		
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Change name from WBDGU #18 to West Bravo Dome Gas Unit #181F.		
Change hame from wadd #10 to west brave bome das onit #1011.		
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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 (MO) W TOL	TITLE Senior Advisor	Regulatory DATE 06/27/07
Type or print name Carol J. Moore For State Use Only	E-mail address: cmoore@h	ress.com Telephone No. (432)758-6738
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