

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

Form C-103
May 27, 2004

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

WELL API NO. 30-021-20045
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name Mitchell
8. Well Number 052K
9. OGRID Number 495
10. Pool name or Wildcat West Bravo Dome CO2 Gas (96387)

4. Well Location Unit Letter <u>K</u> : <u>1650</u> feet from the <u>West</u> line and <u>1980</u> feet from the <u>South</u> line Section <u>5</u> Township <u>18N</u> Range <u>30E</u> NMPM County <u>Harding</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4415'

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 <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>
OTHER: Name Change <input checked="" type="checkbox"/>	OTHER: <input type="checkbox"/>

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 well from Mitchell #20 to Mitchell 1830-052K

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 Rita C. Smith Digitally signed by Rita C. Smith
DN: cn=Rita C. Smith, o=Hess Corp, ou=Engineering,
email=ritasmith@hess.com, c=US
Date: 2009.04.24.14:41:07 -0500 TITLE Engineering Technician DATE 04/22/2009

Type or print name Rita C. Smith E-mail address: rsmith@hess.com Telephone No. (432)758-6726

For State Use Only

APPROVED BY: Ed Martino TITLE DISTRICT SUPERVISOR DATE 5/11/09
Conditions of Approval (if any):