

Submit 1 Copy 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  
October 13, 2009

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

WELL API NO.	30-021-20120
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name State (WBDU)	
8. Well Number	161K
9. OGRID Number	495
10. Pool name or Wildcat (96387) West Bravo Dome CO2 Gas	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4378'	

**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.)

1. Type of Well: Oil Well ☐ Gas Well ☒ Other CO2 SUPPLY

2. Name of Operator  
HESS Corporation

3. Address of Operator  
PO Box 840  
Seminole TX 79360

4. Well Location  
Unit Letter K : 1980 feet from the SOUTH line and 1980 feet from the WEST line  
Section 16 Township 18N Range 30E NMPM County HARDING

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: YEARLY BRADENHEAD TEST (SI) <input checked="" 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

State 1830-161K  
Annual Bradenhead Test (SI Well)

Year	Date	Tbg PSI	Csg PSI	Bleed Down Time
2010	1/25	535	0	
2011				
2012				
2013				
2014				
2015				
2016				
2017				
2018				
2019				
2020				

This approval for temporary abandonment  
expires 8/8/2011

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Rita C. Smith TITLE ENGINEERING TECH DATE 1/26/2010

Type or print name RITA C. SMITH E-mail address: rsmith@hess.com PHONE: 432-758-6726

**For State Use Only**

APPROVED BY: Sal Martin TITLE DISTRICT SUPERVISOR DATE 5/11/10

Conditions of Approval (if any):