

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. 30-021-20118
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 West Bravo Dome Unit
8. Well Number 061G
9. OGRID Number 495
10. Pool name or Wildcat West Bravo Dome CO2 Gas
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4442' GR

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

2. Name of Operator
Hess Corporation

3. Address of Operator PO Box 840
Seminole TX 79360

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

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input checked="" 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"/> DOWNHOLE COMMINGLE <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: Repair Csg <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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

The mitigation of any of these high casing pressure wells is as follows:

Rig up for casing pressure, and pull tubing and packer
 Lie down and replace bad tubing, or replace entire string of tubing if we are up-sizing the tubing, and packer.
 RDMO AND Return well to producing status.

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 Engineer Tech DATE 6-24-2010

Type or print name Rita C. Smith E-mail address: rsmith@hess.com PHONE 432-758-6726
For State Use Only

APPROVED BY: [Signature] TITLE **DISTRICT SUPERVISOR** DATE 6/2/10
 Conditions of Approval (if any):