

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

*Bureau of Land Management
FERTIS-Don Field Office*

JUL 06 2010

FORM APPROVED
OMB No. 1004-0137
Expires: March 31, 2007

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE- Other instructions on reverse side.

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other CO2 supply		5. Lease Serial No. NM-63272
2. Name of Operator Hess Corporation		6. If Indian, Allottee or Tribe Name
3a. Address P.O. Box 840 Seminole TX 79360	3b. Phone No. (include area code) 432-758-6726	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1720' FNL & 1950' FWL, SEC 11, Township 18N, Range 29E		8. Well Name and No. West Bravo Dome Unit 1829 #111F
		9. API Well No. 30-021-20413
		10. Field and Pool, or Exploratory Area West Bravo Dome CO2 Gas (96387)
		11. County or Parish, State Harding NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

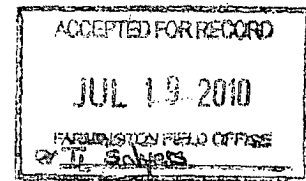
TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input checked="" type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompletable horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletable in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

Spud Well 5/22/2010

Attach copy of NMOCD C103 drilling and cement
Attach copy of NMOCD C103 Perforations

Attach copy of NMOCD C104 Allowable and transport
Attach copy of NMOCD C105 Well completion drilling and cement
Well Profile



14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

Rita C Smith

Title Engineering Tech

Signature Rita C. Smith

Date 6/25/2010

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by _____	Title _____	Date _____
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	Office _____	

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

OPERATOR

RECEIVED

Form 3160-4
(April 2004)UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

JUL 06 2010

FORM APPROVED
OMB NO. 1004-0137
Expires: March 31, 2007

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well ☐ Oil Well ☐ Gas Well ☐ Dry ☒ Other CO2 supply

b. Type of Completion: ☒ New Well ☐ Work Over ☐ Deepen ☐ Plug Back ☐ Diff. Resvr.,
Other _____

2. Name of Operator **Hess Corporation**

3. Address **P.O. Box 840 Seminole TX 79360** 3a. Phone No. (include area code)
432-758-6726

4. Location of Well (Report location clearly and in accordance with Federal requirements)*
At surface **1720' FNL & 1950' FWL, SEC 11, Township 18N, Range 29E**
At top prod. interval reported below **1720' FNL & 1950' FWL, SEC 11, Township 18N, Range 29E**
At total depth **1720' FNL & 1950' FWL, SEC 11, Township 18N, Range 29E**

14. Date Spudded **05/22/2010** 15. Date T.D. Reached **05/27/2010** 16. Date Completed **06/23/2010**
☐ D & A ☒ Ready to Prod.

17. Elevations (DF, RKB, RT, GL)*
5328' GR

18. Total Depth: MD **3015** 19. Plug Back T.D.: MD
TVD TVD

20. Depth Bridge Plug Set: MD
TVD

21. Type Electric & Other Mechanical Logs Run (Submit copy of each)
GR/CCL, cem bond

22. Was well cored? ☒ No ☐ Yes (Submit analysis)
Was DST run? ☒ No ☐ Yes (Submit report)
Directional Survey? ☒ No ☐ Yes (Submit copy)

23. Casing and Liner Record (Report all strings set in well)

Hole Size	Size/Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sks. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
12.25	8.62/J55	24	0	1875	1875	600		0	0
12.25	8.62/J55	24	0	1875	1875	200		0	0
12.25	8.62/J55	24	0	1875	1875	356		0	0
7.875	4.5/IJ	4.4	0	2796	3015	135		0	0
7.875	4.5/J55	12.75	0	3015	3015	355		0	0

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A)			2788-2831	3.475	4SPF	120deg.phase
B)			2876-2886	2.875	6SPF	60deg phase
C)						
D)						

27. Acid, Fracture, Treatment, Cement Squeeze, etc.

Depth Interval	Amount and Type of Material

28. Production - Interval A

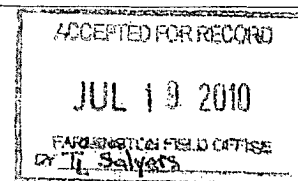
Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
06/23/2010	06/24/2010	24	→	0.00	2257	0.00	0.00	0	flowing
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
2.00	SI 127	0.00	→	0.00	2257	0.00	0.00	producing	

28a. Production - Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
			→						

*(See instructions and spaces for additional data on page 2)

OPERATOR



28b. Production - Interval C

Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate →	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	

28c. Production - Interval D

Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate →	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	

29. Disposition of Gas (*Sold, used for fuel, vented, etc.*)

sold

30. Summary of Porous Zones (Include Aquifers):

Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

31. Formation (Log) Markers

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top Meas. Depth
Precambrian	2387	2416			
Granite Wash	2416	2456			
Lower Tubb	2456	2567			
Tubb	2567	2583			
Cimarron					
Anhydrite	2583	3050			

32. Additional remarks (include plugging procedure):

33. Indicate which items have been attached by placing a check in the appropriate boxes:

- ☐ Electrical/Mechanical Logs (1 full set req'd.) ☐ Geologic Report ☐ DST Report ☐ Directional Survey
☐ Sundry Notice for plugging and cement verification ☐ Core Analysis ☐ Other:

34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions)*

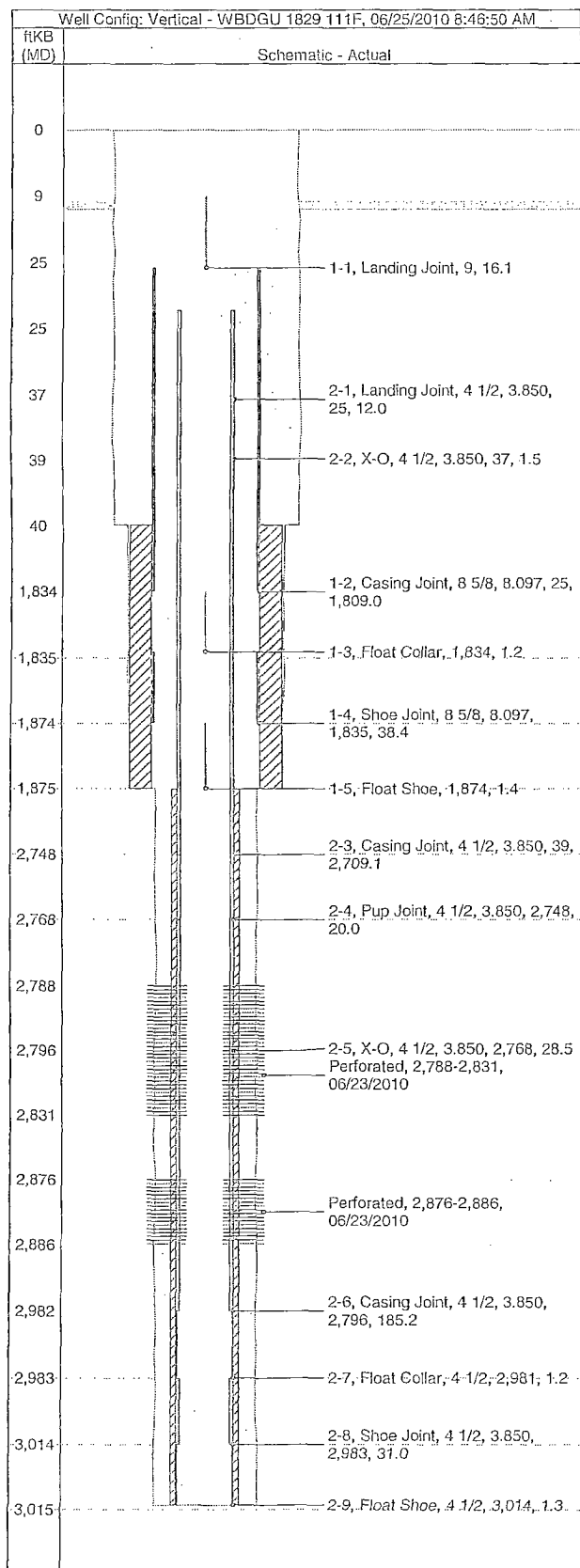
Name (please print) Rita C SmithTitle Engineer TechSignature Rita C. SmithDate 06/30/2010

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Production Well Profile

WBDGU 1829 111F (Federal BLM)

Original KB: 12.00



Casing Strings

Casing Description	String OD (in)	String Wt (lbs/ft)	String Grade	String Top Thrd	Set Depth (ftKB)
SURF	8 5/8	24.00	J-55	ST&C	1,875.0
PRC	4 1/2	4.40	IJ	8RD	3,015.0

Perforations

Date	Top (ftKB)	Bot (ftKB)	Zone
06/23/2010	2,788.0	2,831.0	
06/23/2010	2,876.0	2,886.0	

Tubing Description		Run Date		String Length (ft)		Set Depth (ftKB)	
Item Description	Jts	Make	Model	OD (in)	Wt (lbs/ft)	Grade	Len (ft)

Rod Description		Run Date		String Length (ft)		Set Depth (ftKB)	
Item Description	No. of Joints	Mfg	Model	OD (in)	Len (ft)		