Submit 1 Copy To Office	Appropriate District	State	of New Me	xico			Form C-103
District I		Energy, Mine	rals and Natu	ral Resources	THE LABORA		October 13, 2009
1625 N. French Dr., Hobbs, NM 88240 District II					WELL API NO. 30-021-20507		
1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION					5. Indicate Type of Lease		
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410					STATE FEE 🔀		
District IV 1220 S. St. Francis Dr., Santa Fe, NM					6. State Oil &	d Gas Lease No	١.
87505	S DI., Salka Pe, NW						
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					7. Lease Name or Unit Agreement Name MITCHELL		
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other CO2 Supply					8. Well Number 171K		
2. Name of Operator Hess Corporation					9. OGRID Number 495		
3. Address of Operator PO Box 840					10. Pool name or Wildcat (96387)		
Seminole TX 79360					West Bravo Dome CO2 Gas		
4. Well Location							
Unit I	Letter K : 1	650 feet from	the SOUTI	I line and 1	650 feet	from the WE	
Section 17 Township 19N Range 29E NMPM County HARDING							
11. Elevation (Show whether DR, RKB, RT, GR, etc.)							
5423 '							
	12. Check App	propriate Box t	o Indicate N	ature of Notice,	Report or Ot	her Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:							
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WOR							
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR						_	
PULL OR ALTER CASING							
BOWNIOLL	Frac						
OTHER:			<u> </u>	OTHER:			
of star	be proposed or complete ting any proposed work) sed completion or recom	. SEE RULE 19.					
-Intent week of 8/23/2010							
The procedures for the fracs are:							
MIRU							
Kill well							
Frac pump schedule							
RDMO Halliburton							
Flow back to frac tank until sand production ceases or 72 hrs							
(whichever comes first)							
	Put down pro	duction 1	ine.				
Spud Date:	6/13/2010		Rig Release Da	te:			
I hereby certify	that the information abo	ove is true and con	mplete to the be	est of my knowledg	e and belief.		
(•	, ,			
SIGNATURE	Ixtaly	VIL_	TITLE Engi	neering Te	ch	DATE 8/	19/2010
Type or print name Rita C. Smith E-mail address: rsmith@hes						PHONE: 432	2-758-6726
A M A NISTRICT SUPERVISOR							
APPROVED B Conditions of A	Y:	artion	TITLE DIO	INGI OUPE	IVAIOOK	DATE_ & /	24/10
	/						