Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resource	October 13, 2009
1625 N. French Dr., Hobbs, NM 88240 District II	OH CONCERNATION DIVIGION	WELL API NO. 30-021-20509
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III 1220 South St. Francis Dr. Co.		STATE X FEE
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM		6. State Oil & Gas Lease No.
87505	ZOU APA	20 5
	CES AND REPORTS ON WELLS ALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	1. R. 34
DIFFERENT RESERVOIR. USE "APPLIC.	ATION FOR PERMIT" (FORM C-101) FOR SUCH	West Bravo Dome Unit
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other CO2 Supply		8. Well Number 162G
2. Name of Operator 9. OGRID Number		
ness corporation		
3. Address of Operator PO Box 840		10. Pool name or Wildcat (96387)
Seminole TX 79360 West Bravo Dome CO2 Gas 4. Well Location		
1	1650 feet from the NORTH line and	d 1650 feet from the EAST line
Section 16	Township 18N Range 30E	NMPM County HARDING
Section	11. Elevation (Show whether DR, RKB, RT, GR	
# # # # # # # # # # # # # # # # # # #	4372'	10 (13) (1 3) (E)
12. Check A	ppropriate Box to Indicate Nature of No	otice, Report or Other Data
NOTICE OF INT	FENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON ☐ REMEDIAL	
TEMPORARILY ABANDON		E DRILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CE	EMENT JOB
DOWNHOLE COMMINGLE		
OTHER:	OTHER:	CO2 Stimulation
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.		
MIRU Flo CO2 (Reliant) Pump truck & 24 Ton CO2 transport.		
Pump CO2 DH @ 1000# average treating pressure @ 44 GPM average rate.		
Pumped full truck load.		
5 min ISIP: 180#		
25 min SIP: 150#		
	360#	
3.25 hr SIP: 370# 4 hr 5 min SIP:420#		
	180#	
Turn well over to produ	ctions	
<u> </u>		
Spud Date: 4/30/2010	Rig Release Date:	
<u> </u>		
I hereby certify that the information al	bove is true and complete to the best of my know	wledge and belief.
() 4 0	X	
SIGNATURE	TITLE Engineering	Tech DATE 4/25/2011
Type or print name Rita C. Sm		ahaga gam Nyaya 422 750 6726
	uith ru.u ramitha	
FOR State Use Only	E-mail address: rsmith@	hess.com PHONE: 432-758-6726
For State Use Only		IDEDVICAD / /
APPROVED BY: Conditions of Approval (if any):	E-mail address: rsmith@	