Submit 1 Copy To Appropriate District Office	State of New	Mexico	Form C-103	
District I	Energy, Minerals and N	latural Resources	October 13, 2009	<u>'</u>
1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NO. 30-021-20427	
1301 W. Grand Ave., Artesia, NM 88210	1 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION		5. Indicate Type of Lease	\dashv
District III	District III 1220 South St. Francis Dr.		STATE FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505		6. State Oil & Gas Lease No.	1	
1220 S. St. Francis Dr., Santa Fe, NM				
87505 SUNDRY NO	TICES AND REPORTS ON WE	LLS	7. Lease Name or Unit Agreement Name	┨
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		West Bravo Dome Unit		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH		West Bravo Dome onit		
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other CO2 Gas Well		8. Well Number 171G	٦	
2. Name of Operator Hess Corporation			9. OGRID Number 495	٦
3. Address of Operator PO Box 840			10. Pool name or Wildcat	┪
Seminole TX 79360			West Bravo Dome CO2 Gas	
4. Well Location	75500			┪
Unit Letter G	: 1980 feet from the Nor	th line and 19	980 feet from the East line	
Section 17	Township 18N	Range 30E	NMPM County Harding	
	11. Elevation (Show whether 4409 GR	DR, RKB, RT, GR, etc		
				_
12. Check	Appropriate Box to Indicate	e Nature of Notice,	, Report or Other Data	
NOTICE OF INTENTION TO: SUB			SSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WOR			RK ALTERING CASING	
TEMPORARILY ABANDON			RILLING OPNS. P AND A	
PULL OR ALTER CASING	· · · · · · · · · · · · · · · · · · ·	CASING/CEMEN	NT JOB	
DOWNHOLE COMMINGLE				
OTHER:	П	OTHER:	72 hr. PBU	
	pleted operations. (Clearly state		nd give pertinent dates, including estimated dat	te
		AC. For Multiple Co	ompletions: Attach wellbore diagram of	
proposed completion or re	ecompletion.		*	
MIRII Renega	de WL services.			
-	re/temperature tools to mid	perf.		
=	TOOH w/ tools.	•		
RDMO.				
		•		
		•		
Spud Date: 7/1/2007	Rig Release	e Date:		
			•	
I hereby certify that the information	a shove is true and complete to the	ne best of my knowleds	ge and helief	_
Thereby certify that the information		ie best of my knowledg	ge and benef.	
(A-100)				
SIGNATURE Y Y UC	TITLE I	Engineering Tech	DATE 5/5/2011	_
Type or print name Rita C Smi	th E-mail add	ress: rsmith@hess.	PHONE: 432-758-6726	_
For State Use Only				
$\mathcal{L}\mathcal{U}$		HIATRIAT ALIE	APRIJAAR	
APPROVED RY.		DISTRICT SUF	ERVISOR DATE -/10/2011	
APPROVED BY:Conditions of Approval (if any):		DISTRICT SUF	PERVISOR DATE 5/10/2011	