<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 District II
1301 W. Grand Avenue, Artesia, NM 88210
District III
1000 Rio Brazos Road, Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico **Energy Minerals and Natural Resources**

Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505

For drilling and production facilities, submit to appropriate NMOCD District Office.

For downstream facilities, submit to Santa Fe

Form C-144 March 12, 2004

office

Is pit or below-grade tank	de Tank Registration or Clos k covered by a "general plan"? Yes \(\sime\) to below-grade tank X Closure of a pit or below-g	√o X
Operator: _Chi Operating, Inc	Telephone: 1-432-685-5001 e-ma	ail address:
Facility or well name: Munchkin Federal, Well No 9 API U/Lo	or Otr/OtrNENE Sec 11 T 19S R 30E	
County: Eddy Latitude N 32'40'46.0"_ Longitude W 103'5		
Pit	Below-grade tank	
Type: Drilling X Production Disposal	Volume:bbl Type of fluid:	
Workover Emergency	Construction material:	
Lined X Unlined	Double-walled, with leak detection? Yes If not, explain why not.	
Liner type: Synthetic X Thickness _current rule at time of drillingmil Clay Volume 10,000_+/bbl		
Depth to ground water (vertical distance from bottom of pit to seasonal high water elevation of ground water. Not Avail. Est. 200-300')	Less than 50 feet	(20 points)
	50 feet or more, but less than 100 feet	(10 points)
	100 feet or more	(0 points)
Wellhead protection area: (Less than 200 feet from a private domestic water source, or less than 1000 feet from all other water sources.)	Yes No	(20 points)
	NO	(v points)
Distance to surface water: (horizontal distance to all wetlands, playas, irrigation canals, ditches, and perennial and ephemeral watercourses.)	Less than 200 feet	(20 points)
	200 feet or more, but less than 1000 feet	(10 points)
	1000 feet or more	(0 points)
	Ranking Score (Total Points)	-0- points
If this is a pit closure: (1) attach a diagram of the facility showing the pit's	relationship to other equipment and tanks. (2) Inc	dicate disposal location:
onsite Offsite If offsite, name of facility		action taken including remediation start date and
end date. (4) Groundwater encountered: No 🗌 Yes 🔲 If yes, show depth	below ground surfaceft. and attac	h sample results. (5) Attach soil sample results and
a diagram of sample locations and excavations.	-	
I hereby certify that the information above is true and complete to the best of been/will be constructed according to NMOCD guidelines X, a general populate: May 12 2005		
Printed Name/Title George R. Smith, agent for Chi Operating, Inc(505)	523-4940 Signature_	Dessul Smith
Your certification and NMOCD approval of this application/closure does not otherwise endanger public health or the environment. Nor does it relieve the regulations.		
Approval: Date: AUG 26 2005/ Printed Name/Title Milks Bratcher Aug III	Signature Mile Armena	