

JUL 16 2008 OCD-ARTESIA

Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135

Expires: March 31, 1993

5 Lease Designation and Senal No

NM-0560353

SUNDRY NOTICES AND REPORTS ON WELLS

6 If Indian, Allottee or Tribe Name

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT-" for such proposals

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SUBMIT IN TRIPLICATE		7 If Unit or CA Agreement Designation	7. If Unit or CA, Agreement Designation	
1. Type of Well		7. If State of Copy Agreement Besignation	•	
OI Gas				
Well Well Other		8. Well Name and No.	_	
2. Name of Operator		Munchkin Federal #7	Munchkin Federal #7	
CHI OPERATING, INC.		9. API Well No	9. API Well No	
3 Address and Telephone No		30-015-33933	30-015-33933	
P.O. BOX 1799 MIDLAND, TEXAS 79702		10 Field and Pool, or Exploratory Area		
4 Location of Well (Footage, T., R , M , or Survey Description)		BENSON DELAWARE	BENSON DELAWARE	
		11. County or Parish, State		
SHL 2475' FNL & 2310' FWL, Sec.12-19S-30E		Eddy	Eddy	
BHL 1980' FSL & 1980' FWL, Sec.	12-19S-30E			
12. CHECK APPROPRIATE BOX(s)	TO INDICATE NATURE O	F NOTICE, REPORT, OR O	THER DATA	
TYPE OF SUBMISSION	TYF	PE OF ACTION		
Notice of Intent	Notice of Intent Abandonment Cha		change of Plans	
	Recompletion	New Construction		
Subsequent Report	Plugging Back	Non-Routine Fracturing		
	Casing Repair	Water Shut-Off		
Final Abandonment Notice	Altering Casing Conversion to Injection			
	Other	Dispose Water		
	1	(Note: Report results of multiple completion on	Well	
		Completion or Recompletion Report and Log for	<u>(mc</u>	
13 Describe Proposed or Completed Operations (Clearly state	all pertinet details, and give pertinet de	ates, including estimated date of starting any	proposed work If well is	
directionally drilled, give subsurface locations and measeur	red and true vertical depths for all mark	kders and zones pertinent to this work.)*		
11/17/06 RU PU for completion. Tstd csg Perf Delaware 4993-5000' 2spf(14holes) 2 stages, Final stage P/6bbls of acid. Set	. P/4stages acid; 1stg 6bb			
14 I hereby certifythat the foregoing is frue and correct Signed	Title REGULATOR	RY CL Date AND PTED	FOR RECORD	
(This space for Federal or State office use)			4 0 0000	
	,	. JUL_	1 2 2008	
Approved by	Title .	Date	4	
Conditions of approval, if any:		1 46	WILL STATEMENT	
	, , , , , , , , , , , , , , , , , , ,	BURFAU OF	AND MANAGEMENT	
	1 0	- CARLSB!	ID EIETH OFFICE	
Title 18 U S C Section 1001, makes it a crime for any pers		ny department or agency of the United State	es any false, fictitious or fraudulent	
statements or representations as to any matter within its jurisc	tiction .			

*See Instructions on Reverse Side