

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010**SUNDRY NOTICES AND REPORTS ON WELLS**
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.***SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

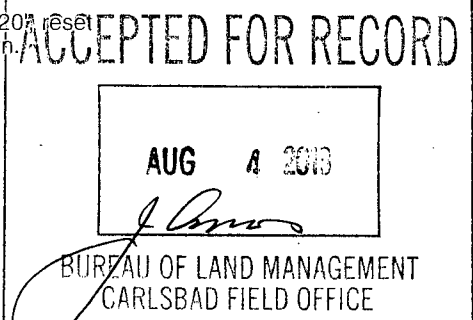
1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other: INJECTION		5. Lease Serial No. NMNM0560353
2. Name of Operator CHI OPERATING INC		6. If Indian, Allottee or Tribe Name
Contact: PAM CORBETT E-Mail: pamc@chienergyinc.com		7. If Unit or CA/Agreement, Name and/or No. NM126412X
3a. Address PO BOX 1799 MIDLAND, TX 79701	3b. Phone No. (include area code) Ph: 432-685-5001 Fx: 432-687-2662	8. Well Name and No. BENSON DELAWARE UNIT 12
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 12 T19S R30E 2547FNL 519FWL		9. API Well No. 30-015-35791
		10. Field and Pool, or Exploratory BENSON DELAWARE
		11. County or Parish, and State EDDY COUNTY, NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input checked="" type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

Opened well up, nipple down well head, nipple up BOP, release pkr, move pkr down to 4420' reset pkr, nipple down BOP, nipple up well head, ran a 30 chart @ 500 psi, held good, shut down 4-25-13 NMOCD witnessed MIT, BLM was contacted to witness. Well bore is attached with detailed information. NMOCD approved work done and gave ok to begin injection on May 24, 2013.



Accepted for record
NMOCD RP
8/8/13

RECEIVED
AUG 07 2013
NMOCD ARTESIA

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #211371 verified by the BLM Well Information System
For CHI OPERATING INC, sent to the Carlsbad
Committed to AFMSS for processing by KURT SIMMONS on 07/02/2013 ()

Name (Printed/Typed) SONNY MANN	Title FIELD SUPERVISOR
Signature (Electronic Submission)	Date 06/21/2013

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____	Date _____
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.		Office _____

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****