UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

OCD Artesia

FORM APPROVED OMB NO. 1004-0135 Expires: July 31, 2010

5. Lease Serial No. NMNM0560353

6	If Indian	Allottee or Tribe N	Iame

SUNDRY NOTICES AND REPORTS ON WELLS						NMNM0560353			
Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.					6. If Indian, Allottee or Tribe Name				
SUBMIT IN TRIPLICATE - Other instructions on reverse side.						7. If Unit or CA/Agreement, Name and/or No. NMNM126412X			
1. Type of Well Gas Well Oth		8. Well Name and No. BENSON DELAWARE FEDERAL UNIT 23							
Name of Operator CHI OPERATING INCORPOR	9. API Well No. 30-015-42566-00-X1				-X1 .	_			
3a. Address MIDLAND, TX 79702	3b. Phone No. (include area code) Ph: 432-685-5001 Fx: 432-687-2662			10. Field and Pool, or Exploratory BENSON-DELAWARE					
4. Location of Well (Footage, Sec., T	., R., M., or Survey Description				11. County or Parish, and State				
Sec 11 T19S R30E NENE 990				EDDY COUNTY, NM					
12. CHECK APPI	ROPRIATE BOX(ES) TO	O INDICATI	E NATURE OF	NOTICE, RE	PORT, OI	R OTHER	DATA		
TYPE OF SUBMISSION			ТҮРЕ О	F ACTION					
Notice of Intent	☐ Acidize	□ Dec	•	☐ Production		esume)	☐ Water Shut-Off		
☐ Subsequent Report	☐ Alter Casing	☐ Fracture Treat ☐ Reclamation			☐ Well Integrity				
	☐ Casing Repair	_	■ New Construction		ete	•	Other Change to Original A		
☐ Final Abandonment Notice	☐ Change Plans	•	. – -		□ Temporarily Abandon		PD		
•	☐ Convert to Injection	□ Plu;	ig Back ☐ Water Disposal						
13. Describe Proposed or Completed Ope If the proposal is to deepen directions Attach the Bond under which the woi following completion of the involved testing has been completed. Final Ab- determined that the site is ready for final Benson Delaware Federal University	ally or recomplete horizontally, it will be performed or provide operations. If the operation re oandonment Notices shall be fil inal inspection.)	give subsurface the Bond No. o sults in a multip	locations and measure file with BLM/BIA le completion or received.	ured and true vert A. Required subsompletion in a ne	ical depths of sequent report w interval, a have been c	of all pertiner rts shall be fil a Form 3160- ompleted, an	at markers and zones. led within 30 days 4 shall be filed once d the operator has		
SL: 990' FNL & 150' FEL Prod Zone: 450' FNL & 330' F	AR				CONSERVATION TESIA DISTRICT				
On the approved APD regardi				OCT 1	1 0 2014				
Proposed Control Equipment: installed on the 13 3/8" casing 11.5" BOP, CHI intends to tes	gate hydraulic ra change from a 1	am BOP will b 3 5/8" to a	1,	REC CCEPid N	EIVED ed for record MOCD 167				
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14. I hereby certify that the foregoing is Commit	Electronic Submission #	ING INCORPO	PRATED, sent to	the Carlsbad	System		(0)		
Name(Printed/Typed) SONNY M	Title FIELD SUPERVISOR								
	W 1022								
Signature (Electronic S	Date 10/02/2014 LL OR STATE OFFICE USE								
	I IIIS SPACE FO	NY LENEKY	L OR STATE	OFFICE US	<u> </u>			=	
Approved By CHRISTOPHER WA	TitlePFTRO! F	TitlePETROLEUM ENGINEER Date 10			Date 10/03/2014				
Conditions of approval, if any, are attached	. ALLIVERYM ENGINEER				1	_			
ertify that the applicant holds legal or equivalent would entitle the applicant to condu	Office Carlehad								
	Office Carlsbad .								