



OCD-ARTESIA

Form 3160-5
(June 1990)UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTOCT 02 2007
OCD-ARTESIAFORM APPROVED
Budget Bureau No 1004-0135
Expires March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

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

SUBMIT IN TRIPLICATE

1 Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5 Lease Designation and Serial No. NM-0560353
2 Name of Operator CHI OPERATING, INC.	6 If Indian, Allottee or Tribe Name
3 Address and Telephone No. P O. BOX 1799 MIDLAND, TEXAS 79702	7 If Unit or CA, Agreement Designation
4 Location of Well (Footage, T, R, M, or Survey Description) At surface: 2418' FNL & 541' FWL, Sec 12 T19S-R30E At proposed prod. zone: 2100' FSL & 330' FEL, Sec. 11-T19S-R30E	8 Well Name and No. Munchkin Federal 11, Well No. 1
	9 API Well No. 30-015-35790
	10 Field and Pool, or Exploratory Area Benson Delaware
	11 County or Parish, State Eddy

12 CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input checked="" type="checkbox"/> Change of Plans
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Recompletion
	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form)

13 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work)*

Change on 8 5/8" casing weight. Permitted for 32# but changing to 24# weight.

14 I hereby certify that the foregoing is true and correct	Title		Regulatory Clerk		9/24/07	
Signed	Pam Corbett		432 6855001			
(This space for Federal or State office use)						
IS/ DAVID R. GLASS			PETROLEUM ENGINEER		Date SEP 28 2007	
Approved by			Title		Date	
Conditions of approval, if any						

Title 18 U S C Section 1001, makes 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

*See Instructions on Reverse Side