

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(OTHER INSTRUCTIONS ON REVERSE SIDE)

Form 9-321
Project Number: No. 21-110
1. DEPT. OF AGRICULTURE AND SPECIAL AG.
2. *44-227817*
3. IF INDIAN, ALL COPY OF TRIP REPORT

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for new wells, to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <i>McDaniel Oil Corporation</i>	8. FARM OR TRACT NAME <i>Well E Federal</i>
3. ADDRESS OF OPERATOR <i>Box 6-33, Midland, Texas 79701</i>	9. WELL NO. <i>1</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 11 below.) At surface <i>UNIT 6, 1980 F&W 8 1980 F&W, SEC. 20, T-9S, R-38-E</i>	10. FIELD AND POOL OR FIELD NO. <i>San Juan-San Antonio S.</i>
14. PERMIT NO.	11. SECTION, TOWNSHIP, RANGE AND SURVEY OR AREA <i>Sec 20, T-9S, R-38-E</i>
15. ELEVATIONS (Show whether DF, RT, GL, etc.) <i>3963</i>	12. COUNTY OR PARISH, STATE <i>Lee, New Mexico</i>

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETION ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☒	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	

(Other) _____

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

17. 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.) *

To Plug & Abandon as Per attached Procedures.

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

SIGNED *McDaniel* TITLE *Authorized Agent* DATE *9-14-71*

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
SEP 15 1971
ARTHUR R. JOHNSON
DIRECTOR

RECEIVED

SEP 21 1971

OIL CONSERVATION COMM.
HOBBS, N. M.