TEST WATER SHUT-OFF FRACTURE TREAT

PULL OR ALTER CASING MULTIPLE COMPLETE

Oueen,

SHOOT OR ACIDIZE

REPAIR WELL

CHANGE ZONES ABANDON\*

## COPY TO O. C. C. UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

<i>)</i> , ,	iget Bureau No. 42-R1424
ſ	5. LEASE Leonard Federal No. 798/
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
nt	7. UNIT AGREEMENT NAME
_	8. FARM OR LEASE NAME Le desal
	9. WELL NO.
	10. FIELD OR WILDCAT NAME.
17	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 14, T26S, R37E
	12. COUNTY OR PARISH 13. STATE  Lea County New Mexico
E,	14. API NO.
	15. ELEVATIONS (SHOW DF, KDB, AND WD)
	0 00 (E (D)

(NOTE: Report results of multiple completion or zone

change on Form 9-330.)

SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a differen reservoir. Use Form 9-331-C for such proposals.) (To be converted to gas Ø other WIW well well NAME OF OPERATOR Tenneco 0il Company ADDRESS OF OPERATOR 6800 Park Ten Bivd., Suite 200 North 4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17 660' FSL & 660' FEL AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE REPORT, OR OTHER DATA SUBSEQUENT REPORT REQUEST FOR APPROVAL TO:

Penrose,

Perf

(other) SQ. 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.)\*

Treat & Convert to WIW

U. S. GECLOGICAL SURVEY

HOBBS, NEW MEXICO

This current Queen well has produced 100% water; therefore, we will squeeze the Queen perfs and drill out the squeeze plus from 3488-3540. The Penrose will be perforated 3487-3530' and used for water injection to determine how well the Penrose formation will waterflood.

See attached letter giving the listing of work to be performed pr commencing water injection.

Subsurface Safety Valve: Manu. and Type \_ 18. I hereby certify that the foregoing is true and correct Prod. Engineer

(This space for Federal or State office use)

TITLE APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

TRICT ENGINEER

\*See Instructions on Reverse Side

EXHIBIT XIII

THE REPORT OF THE PROPERTY OF THE PERSON OF

minih duduhan halidhdan ari. Aansamaa kada kassa in kurinih dusuk ka dissetsa sust oo kassa sust