UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

N. M. OIL CONS. COMMISSION
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

5. LEASE
LC-061650 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Rosa Lee ~~Federal~~

1. oil well [X]   gas well [ ]   other

9. WELL NO.
1

2. NAME OF OPERATOR
Petro-Lewis Corporation

10. FIELD OR WILDCAT NAME
Wantz ABO

3. ADDRESS OF OPERATOR
P.O. Box 16200 Lubbock, Tx 79490

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 19, T21S, R38E

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)   1980' FNL & 1980' FWL
AT SURFACE:
AT TOP PROD. INTERVAL: same
AT TOTAL DEPTH: same

12. COUNTY OR PARISH   13. STATE
Lea   New Mexico

14. API NO.

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3475' GR

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	[ ]	[ ]	
FRACTURE TREAT	[ ]	[ ]	
SHOOT OR ACIDIZE	[ ]	[ ]	
REPAIR WELL	[ ]	[ ]	
PULL OR ALTER CASING	[ ]	[ ]	
MULTIPLE COMPLETE	[ ]	[ ]	
CHANGE ZONES	[ ]	[ ]	
ABANDON*	[ ]	[ ]	
(other) Information			

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

This well is presently shut-in pending a complete evaluation of the formations that are presently completed, and all recompletion potential.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED _Steven M King_   TITLE Pet. Engineer   DATE July 27, 1983

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

ACCEPTED FOR RECORD
AUG 2 2 1983

ROSWELL, NEW MEXICO