U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Gulf Oil Corporation

Address
Box 670, Hobbs, N.M. 88240

Reason(s) for filing (Check proper box)
New Well [ ]
Recompletion [X]
Change in Ownership [ ]
Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

Other (Please explain)
Abandoned Teague Simpson & recompleted in North Teague Devonian

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
C. E. LaMunyon	13	North Teague Devonian	State, Federal or Fee Federal	LC-0301

Location
Unit Letter F ; 1980 Feet From The north Line and 1980 Feet From The west

Line of Section 27 Township 23S Range 37E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]	Address (Give address to which approved copy of this form is to be sent)
Shell Pipe Line Corporation	Box 1910, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co. - HP & LP	Box 1384, Jal, N.M. 88252

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	28	23S	37E	Yes	8/18/77

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.

Date Spudded recompleted	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6-9-77	6-9-77	9850'	7480'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3284' GL	Devonian	7438'	7333'
Perforations			**Depth Casing Shoe**
7438' to 7450'			9844'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/4"	13-3/8"	295	300 sx - circulated
12-1/4"	9-5/8"	2900	1675 sx - TOC 265'
8-3/4"	7"	9844	975 sx - TOC 5630'

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
6-9-77	6-9-77	flowing	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs.	50#	-	24/64"
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
	35		110

Corr Gvty 39.1

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in) Flowing**	**Casing Pressure (Shut-in)**	**Choke Size**

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Glyn Stone
(Signature)

Area Engineer
(Title)

November 2, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 7 1977, 19

BY John W. Runyan

TITLE District I Supervisor

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.