

DEPARTMENT OF THE INTERIOR
Geological SurveySUPPLEMENTARY APPLICATION FOR NATURAL GAS CATEGORY DETERMINATION
(See reverse side for instructions)

This form is required by the Oil and Gas Supervisor, Conservation Division, Geological Survey, the jurisdictional agency charged with the administration of the Natural Gas Policy Act of 1978, P.L. 95-621, for Federal, Indian, and OCS lands. The data requested is a requirement of the Federal Energy Regulatory Commission regulation 18 CFR 274, Determinations by Jurisdictional Agencies. All such data must be forwarded to the Federal Energy Regulatory Commission by the Supervisor.

RECEIVED BY

MAY 11 1984

O. C. D.

ARTESIA, OFFICE

11. APPLICANT

McKay Oil Corporation

ADDRESS

P. O. Box 2014, Roswell, NM 88202

TELEPHONE

505/623-4735

1. API WELL NO.

300005-62103

2. LEASE NO.

NM-19829

3. LEASE NAME AND WELL NO.

McKay-Harvey Federal #1

4. SEC., T. & R.

Section 17-9S-25E

5. AREA AND BLOCK (OCS)

6. FIELD

Undesignated Abo

7. RESERVOIR

Abo Sand

8. COUNTY AND STATE

Chaves County, New Mexico

9. OPERATOR

McKay Oil Corporation

10. TYPE OF WELL:

☐ OIL
WELL☒ GAS
WELL

12. REQUEST CATEGORY FOR DETERMINATION

☐

Section 102(c)(1)(A), New OCS Leases

☒

Section 102(c)(1)(B), New Onshore Wells

☐

Section 102(c)(1)(C), New Onshore Reservoirs

☐

Section 102(d), New Reservoirs on Old OCS Leases

☐

Section 103(c), New Onshore Production Well

☒

Section 107(c), High-Cost Natural Gas

☐

Section 108(b), Stripper-Well Natural Gas

13. PERSON RESPONSIBLE FOR ANSWER QUESTIONS

Sharon R. Hamilton

ADDRESS

P. O. Box 2014, Roswell, NM 88202

TELEPHONE NO.

505/623-4735

14. NEWSPAPER, CITY, STATE, AND DATE (OR EXPECTED DATE) OF NOTICE

Roswell Daily Record, Roswell, NM 88201

15. GAS PURCHASER

contract under negotiation

ADDRESS

GAS PURCHASER

ADDRESS

16. COLESSEE AND/OR WORKING INTEREST OWNER

McKay Oil Corporation

ADDRESS

P. O. Box 2014, Roswell, NM 88202

COLESSEE AND/OR WORKING INTEREST OWNER

M. J. Harvey, Jr.

ADDRESS

P. O. Box 12705, Dallas, Texas 75225

17. ATTACH THE APPROPRIATE CHECKLIST AND SUPPORT DATA (See instructions)

I CERTIFY THAT THE FOREGOING AND THE CHECKLIST ATTACHED ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AS DETERMINED FROM AVAILABLE RECORDS.

18. NAME

Sharon R. Hamilton

SIGNATURE

TITLE

Land Coordinator

DATE

May 4, 1984