Form 9-2000 (Jan. 1980)

OMB 42-R 1775

UNITED STATES
DEPARTMENT OF THE INTERIOR
Geological Survey

RECEIVED

JUL 16 1982

O. C. D.
ARTESIA, OFFICE

SUPPLEMENTARY 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 determinations under 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, Determination by Jurisdictional Agencies. All such data must be forwarded to the Federal Energy Regulatory Commission by the Supervisor

11. APPLICANT

Cities Service Company

ADDRESS
Box 1919 Midland, TX 79702

TELEPHONE
915/685-5600

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

K.D. Van Horn

ADDRESS
Box 1919
Midland, Texas 79702

TELEPHONE NO.
915/685-5600

1. API WELL NO.
30-015-23252

2. LEASE NO.
NM 33119

3. LEASE NAME AND WELL NO.
Government AK #1

4. SEC., T. & R.
Sec. 7 T-19-S R-21-E

5. AREA AND BLOCK (OCS)

6. FIELD
Wildcat - Abo

7. RESERVOIR

8. COUNTY AND STATE
Eddy County, New Mexico

9. OPERATOR
Cities Service Company

10. TYPE OF WELL:
☐ OIL WELL ☒ GAS WELL

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

Carlsbad Current - Argus (July 16, 1982) Carlsbad, NM

15. GAS PURCHASER

Northern Natural Gas Company

ADDRESS

1120 Gilbraltar Savings Center Midland, Texas

GAS PURCHASER

ADDRESS

16. COLESSEE AND/OR WORKING INTEREST OWNER

ADDRESS

COLESSEE AND/OR WORKING INTEREST OWNER

ADDRESS

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

K.D. Van Horn

TITLE

Manager - Production

SIGNATURE

K.D. Van Horn

DATE

7-12-82