

JUL 14 1982

Form GS #9-2009 (Jan 80)

OMB _____

UNITED STATES
DEPARTMENT OF THE INTERIOR
Geological SurveyO. C. D.
ARTESIA, OFFICESUPPLEMENTARY 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		12. STATE NO.	
Gulf Oil Corporation		30-015-22480	
13. ADDRESS		14. STATE NO. AND WELL NO.	
P. O. Box 670, Hobbs, NM 88240		NM-4986	
15. TELEPHONE NO.		16. SECTION AND WELL NO.	
(505) 393-4121		Pacheco Federal #2	
17. REQUEST CATEGORY FOR DETERMINATION:		18. DATA AND WELL NO. (OCS)	
☐ Section 102(c)(1)(A), New OCS Leases		Sec 1-T20S-R27E	
☐ Section 101(c)(1)(B), New Onshore Wells		19. FIELD	
☐ Section 102(c)(1)(C), New Onshore Reservoirs		Angell Ranch Morrow	
☐ Section 102(d), New Reservoirs on Old OCS Leases		20. COUNTY AND STATE	
☐ Section 103(c), New Onshore Production Well		Morrow	
☐ Section 107(c), High-Cost Natural Gas		21. OPERATOR	
☒ Section 104(b), Stringer-well Natural Gas		Eddy, New Mexico	
22. PERSON RESPONSIBLE FOR ANSWERING QUESTIONS		23. TYPE OF WELL	
R. C. Anderson		☐ OIL ☒ GAS	
13. ADDRESS			
P. O. Box 670, Hobbs, NM 88240		Gulf Oil Corporation	
15. TELEPHONE NO.			
(505) 393-4121			
24. NEWSPAPER, CITY, STATE, AND DATE (FOR EXPECTED DATE OF NOTICE)			
Albuquerque Journal 7-11, 18, 25-82			
Hobbs News Sun 7-11, 18, 25-82			
25. GAS PURCHASER			

El Paso Natural Gas
ADDRESSP. O. Box 1492, El Paso, TX 79948
GAS PURCHASER

ADDRESS

16. LESSEE AND/OR WORKING INTEREST OWNER

100% Gulf

ADDRESS

LESSEE 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

TITLE

R. C. Anderson

Area Production Manager

SIGNATURE

DATE

R. C. Anderson

7-6-82