

Form 9-2009 (Jan. 1980)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
Geological Survey

JMD 42-B 1775

SUPPLEMENTARY APPLICATION FOR NATURAL GAS CATEGORY DETERMINATION  
(See reverse side for instructions)

RECEIVED BY

NOV 20 1984

O. C. D.  
ARTESIA, OFFICE

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 Oil &amp; Gas Corp.

ADDRESS

P.O. 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. VanHorn

ADDRESS

P.O. Box 1919, Midland, TX 79702

TELEPHONE NO.

915-685-5600

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

Carlsbad Current-Argus (11/30/84) Carlsbad, New Mexico

## 15. GAS PURCHASER

Uncommitted

ADDRESS

GAS PURCHASER

ADDRESS

## 16. COLESSEE AND/OR WORKING INTEREST OWNER

See Attachment

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. VanHorn

SIGNATURE

TITLE

Manager-Production  
Southwest Region

DATE

10/30/84

1. API WELL NO.

2. LEASE NO.

3. LEASE NAME AND WELL NO.

4. SEC., T. &amp; R.

5. AREA AND BLOCK (OCS)

6. FIELD

7. RESERVOIR

8. COUNTY AND STATE

9. OPERATOR

10. TYPE OF WELL:

☐ OIL  
WELL☒ GAS  
WELL

INSTRUCTIONS TO COMPLETE FORM 9-2009

1. The API well number of the well of interest. If not known for onshore wells, ask the State or one of the petroleum information organizations.
2. The lease number as it appears on the lease agreement for a Federal, Indian, or OCS lease.
3. The lease name (onshore) and well number, including the appropriate designation for a multiple completion.
4. The section, township, and range of the well location (onshore).
5. The designated OCS area and block number.
6. The name of the field bounding the well.
7. The name of the reservoir being produced by the well.
8. The name of the county and State bounding the well. For the OCS, enter the nearby State.
9. The designated operator of the lease.
10. Check one in accordance with the following:
  - An oil well produces crude oil as defined under 18 CFR 270.102(b)(5).
  - A gas well produces hydrocarbons that exist as a gas in the reservoir.

For those cases where formation samples or other reservoir data for the reservoir of interest or for similar neighboring reservoirs are not available to make a type-of-well determination, the choice between an oil well and a gas well may be based on the measured API gravity with these qualifications:

- Any well producing a liquid with an API gravity of 50° or higher, regardless of the color, shall be considered to be a gas well.
  - Any well producing a liquid with an API gravity of 45° or lower, regardless of color, shall be considered to be an oil well.
  - - Any well producing a liquid with an API gravity more than 45° but less than 50° shall be considered to be a gas well if the liquid is light, neutral, or straw colored and not dark in appearance.
11. The name, address, and telephone number of the applicant.
  12. The requested category for determination. Check one.
  13. The name, address, and telephone number of the person responsible for questions. If same as applicant, mark "same."
  14. The daily newspaper requested to publish the notice of filing. Also, the city, State, and the date or expected date of publication.
  15. The name and address of the gas purchasers. If more than two, attach a listing.
  16. The name and address of the colessees and/or working interest owners. If more than two, attach a listing.
  17. Fill out and attach the enclosed checklist headed the same as the requested category checked under item 12. Also, attach the support data appropriate to the checklist.
  18. The name, title, and signature of the person or official responsible for the application.