

Form 9-2009 (Jan. 1980)

UNITED STATES
DEPARTMENT OF THE INTERIOR
Geological Survey

OCS 42-R 1775

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	1. API WELL NO.
CITIES SERVICE COMPANY	30 - 015 - 23538
ADDRESS	2. LEASE NO.
BOX 1919	
MIDLAND, TEXAS 79702	3. LEASE NAME AND WELL NO.
TELEPHONE	Federal-N Com #1
915-685-5600	4. SEC., T. & R.
12. REQUEST CATEGORY FOR DETERMINATION:	Section 5, T23S, R26E
<input type="checkbox"/> Section 102(c)(1)(A), New OCS Leases	5. AREA AND BLOCK (OCS)
<input type="checkbox"/> Section 102(c)(1)(B), New Onshore Wells	
<input type="checkbox"/> Section 102(c)(1)(C), New Onshore Reservoirs	6. FIELD
<input type="checkbox"/> Section 102(d), New Reservoirs on Old OCS Leases	Undesignated Morrow
<input checked="" type="checkbox"/> Section 103(c), New Onshore Production Well	7. RESERVOIR
<input type="checkbox"/> Section 107(c), High-Cost Natural Gas	Morrow
<input type="checkbox"/> Section 108(b), Stripper-Well Natural Gas	8. COUNTY AND STATE
13. PERSON RESPONSIBLE FOR ANSWER QUESTIONS	Eddy, New Mexico
K. D. Van Horn	9. OPERATOR
ADDRESS	Cities Service Company
Box 1919	10. TYPE OF WELL:
Midland, Texas 79702	<input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL
TELEPHONE NO.	
915-685-5600	

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

Carlsbad Current - Argus, Carlsbad, New Mexico - 6/25/81

15. GAS PURCHASER

Uncommitted

ADDRESS

GAS PURCHASER

ADDRESS

16. COLESSEE AND/OR WORKING INTEREST OWNER

See Attached

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.

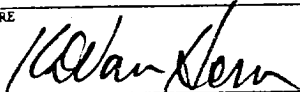
18. NAME

K. D. Van Horn

TITLE

Manager-Production
Southwest Region

SIGNATURE



DATE

6/19/81

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.