

Form GS #9-2009 (Jan 80)

UNITED STATES
DEPARTMENT OF THE INTERIOR
Geological Survey

OMB _____

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. WELL NO.	
Gulf Oil Corporation		30-015-24024	
ADDRESS		2. LEASE NO.	
P. O. Box 670, Hobbs, NM 88240		LC 065347	
TELEPHONE NO.		3. LEASE NAME AND WELL NO.	
(505) 393-4121		White City Penn Gas Com	
12. REQUEST CATEGORY FOR DETERMINATION:		4. SEC., T. & R.	
☐ Section 102(c)(1)(A), New OCS Leases ☐ Section 101(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 104(b), Stripper-well Natural Gas		5. AREA AND BLOCK (OCS)	
13. PERSON RESPONSIBLE FOR ANSWERING QUESTIONS		6. FIELD	
R. C. Anderson		White City Penn	
ADDRESS		7. RESERVOIR	
P. O. Box 670, Hobbs, NM 88240		Morrow	
TELEPHONE NO.		8. COUNTY AND STATE	
(505) 393-4121		Eddy, NM	
14. NEWSPAPER, CITY, STATE, AND DATE (OR EXPECTED DATE) OF NOTICE		9. OPERATOR	
Albuquerque Journal 8-22, 29, 9-5-82		Gulf Oil Corporation	
Hobbs News Sun 8-22, 29, 9-5-82		10. TYPE OF WELL:	
15. GAS PURCHASER		☐ OIL WELL ☒ GAS WELL	

Transwestern Pipeline Company

ADDRESS

P. O. Box 2521, Houston, TX 77252

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

8-12-82