Form _____

OMB _____

UNITED STATES
DEPARTMENT OF THE INTERIOR
Geological Survey

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
Gulf Oil Corporation
ADDRESS
P.O. Box 670, Hobbs, NM 88240
TELEPHONE NO.
(505) 393-4121

12. REQUEST CATEGORY FOR DETERMINATION:
- ☐ 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 108(b), Stripper-well Natural Gas

13. PERSON RESPONSIBLE FOR ANSWERING QUESTIONS
R. C. Anderson
ADDRESS
P.O. Box 670, Hobbs, NM 88240
TELEPHONE NO.
(505) 393-4121

14. NEWSPAPER, CITY, STATE, AND DATE (OR EXPECTED DATE) OF NOTICE
Albuquerque Journal, Albuquerque, NM
Hobbs News-Sun, Hobbs, NM
Expected date 11-16-79

1. API WELL NO.
30-015-22936
2. LEASE NO.
NM-14124
3. LEASE NAME AND WELL NO.
Marquardt Federal #2
4. SEC., T. & R.
Section 12-T25S-R26E
5. AREA AND BLOCK (OCS)
6. FIELD
White City
7. RESERVOIR
Penn
8. COUNTY AND STATE
Eddy County, New Mexico
9. OPERATOR
Gulf Oil Corporation
10. TYPE OF WELL:
☐ OIL WELL ☒ GAS WELL

15. GAS PURCHASER
El Paso Natural Gas Co.
ADDRESS
P.O. Box 1492, El Paso, TX 79999
GAS PURCHASER
ADDRESS

16. COLESSEE AND/OR WORKING INTEREST OWNER
None - 100% Gulf
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
R. C. Anderson
TITLE
Area Production Manager
SIGNATURE
R. C. Mallin (for)
DATE
11-15-79