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Form GS #9-2009 (Jan, 1980)

APR 7 1982

UNITED STATES
DEPARTMENT OF THE INTERIOR
Geological SurveyO. C. D.
ARTESIA OFFICE

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 <u>Gulf Oil Corporation</u>		12. LEASE NO. <u>30-015-23492</u>
ADDRESS <u>P. O. Box 670, Hobbs, NM 88240</u>		13. LEASE NO. AND DATE NO. <u>NM 41645</u>
TELEPHONE NO. <u>(505) 393-4121</u>		14. SEC. T. & R. <u>Federal Com "13" #1</u>
17. 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), Stringer-well Natural Gas		5. AREA AND BLOCK (OCS) <u>Section 13-T25S-R26E</u>
13. PERSON RESPONSIBLE FOR ANSWERING QUESTIONS <u>R. C. Anderson</u>		6. FIELD <u>White City Penn</u>
ADDRESS <u>P. O. Box 670, Hobbs, NM 88240</u>		7. RESERVATION <u>Morrow</u>
TELEPHONE NO. <u>(505) 393-4121</u>		8. COUNTY AND STATE <u>Eddy, NM</u>
14. NEWSPAPER, CITY, STATE, AND DATE (OR EXPECTED DATE) OF NOTICE <u>Albuquerque Journal 4-11, 18, 25-82</u> <u>Hobbs News Sun 4-11, 18-25-82</u>		9. OPERATOR <u>Gulf Oil Corporation</u>
15. GAS PURCHASER <u>El Paso Natural Gas</u>		10. TYPE OF WELL: ☐ OIL ☒ GAS

ADDRESS <u>P. O. Box 1492, El Paso, TX 79978</u>	
GAS PURCHASER	
ADDRESS	
16. COLESSEE AND/OR WORKING INTEREST OWNER <u>Yates Petroleum</u>	
ADDRESS <u>207 S. 4th, Artesia, NM 88210</u>	
COLESSEE AND/OR WORKING INTEREST OWNER <u>Robert Enfield</u>	
ADDRESS <u>P. O. Box 2431, Santa Fe, NM 87501</u>	

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 <u>R. C. Anderson</u>	TITLE <u>Area Production Manager</u>
SIGNATURE <u>R.C. Anderson</u>	DATE <u>4-1-82</u>