

## Application for Permit to Drill (APD)

1. PROPOSAL TO DRILL <input type="checkbox"/> NEW WELL <input type="checkbox"/> SIDETRACK <input type="checkbox"/> BYPASS <input type="checkbox"/> DEEPEN		2. BSEE OPERATOR NO.	3. OPERATOR NAME and ADDRESS <i>(Submitting office)</i>
4. WELL NAME (CURRENT)	5. SIDETRACK NO. (CURRENT)	6. BYPASS NO. (CURRENT)	
7. PROPOSED START DATE	8. PLAN CONTROL NO. (NEW WELL ONLY)		
9. API WELL NO. (CURRENT SIDETRACK / BYPASS) (12 DIGITS)			

10. <input type="checkbox"/> Revision	11. If revision, list changes:
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WELL AT TOTAL DEPTH (PROPOSED)	WELL AT SURFACE
12. LEASE NO.	17. LEASE NO. and FACILITY NAME
13. AREA NAME	18. AREA NAME
14. BLOCK NO.	19. BLOCK NO.
15. LATITUDE ( <input type="checkbox"/> NAD 83 / <input type="checkbox"/> D 27 )	16. LONGITUDE ( <input type="checkbox"/> NAD 83 / <input type="checkbox"/> D 27 )
20. LATITUDE ( <input type="checkbox"/> NAD 83 / <input type="checkbox"/> D 27 )	21. LONGITUDE ( <input type="checkbox"/> NAD 83 / <input type="checkbox"/> D 27 )

LIST OF SIGNIFICANT MARKERS ANTICIPATED					
22. NAME	23. TOP (MD)	24. TOP (TVD)	22. NAME	23. TOP (MD)	24. TOP (TVD)

25. LIST ALL ATTACHMENTS (*Attach complete well prognosis + attachments required by 30 CFR 250.414 or 30 CFR 250.1617(c) and (d) as appropriate.*)

26. CONTACT NAME	27. CONTACT TELEPHONE NO.	28. CONTACT E-MAIL ADDRESS
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**CERTIFICATION:** I certify that information submitted is complete and accurate to the best of my knowledge. I understand that making a false statement may subject me to criminal penalties under 18 U.S.C. 1001 (signature in # 31. below).

29. AUTHORIZING OFFICIAL ( <i>Type or print name</i> )	30. TITLE
31. AUTHORIZING SIGNATURE	32. DATE

THIS SPACE FOR BSEE USE ONLY		
APPROVED: <input type="checkbox"/> With Attached Conditions <input type="checkbox"/> Without Conditions	BY	TITLE
API WELL NO. ASSIGNED TO THIS WELL	DATE	



**Application for Permit to Drill (APD) Information Sheet**

**33) Question Information Sheet**

Questions	Response	
A) Will you maintain quantities of mud and mud material (including weight materials and additives) sufficient to raise the entire system mud weight 1/2 ppg or more?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
B) If hydrocarbon-based drilling fluids were used, is the drilling rig outfitted for zero discharge and will zero discharge procedures be followed?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
C) If drilling the shallow casings strings riserless, will you maintain kill weight mud on the rig and monitor the wellbore with an ROV to ensure that it is not flowing?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
D) If requesting a waiver of the conductor casing, have you submitted a log to BSEE District Office that is within 500 feet of the proposed bottom hole location for the proposed surface casing point?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
E) Will the proposed operation be covered by an EPA Discharge Permit? (please provide permit number in remarks for this question)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
F) Will all wells in the well bay and related production equipment be shut-in when moving on to or off of an offshore platform, or from well to well on the platform? If not, please explain.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
G) Is the calculated daily volume possible from an uncontrolled blowout of this well greater than the daily volume included in the worst case discharge scenario in the approved oil spill response plan?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
H) Has the drilling rig been approved for the use of digital BOP testing? If yes, which version?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	

**PAPERWORK REDUCTION ACT OF 1995 (PRA) STATEMENT:** The PRA (44 U.S.C. 3501 *et seq*) requires us to use this information to obtain knowledge of equipment and procedures to be used in drilling operations. BSEE uses the information to approve or disapprove the adequacy of the equipment and/or procedures to safely perform the proposed drilling operations. Proprietary data are covered under 30 CFR 250.197. An agency may not conduct or sponsor a collection of information unless it displays a currently valid OMB Control Number. The burden for BSEE-0123S is estimated at 1 hour per response. This burden represents only the filling out of the forms, the required range from 30 minutes to 2,800 hours depending on the region and the requirement. Direct comments regarding any other aspect of this form to the Information Collection Clearance Officer, Bureau of Safety and Environmental Enforcement, Herndon, VA 20170.

Remarks

Inform you that we collect information to evaluate and ration. Responses are sponsor, and a person is not len to fill out Forms BSEE- : burden for the attachments rding the burden estimate or rforcement, 381 Eiden