U.S. Department of the Interior
Bureau of Safety and Environmental Enforcement (BSEE)

Submit original plus THREE copies, with ONE copy marked "Public Information."

OMB Control No. 101
OMB Approval Expires xx/

Application for Permit to Drill (APD)

1. PROPOSAL TO DRILL ☐ NEW WELL ☐ SIDETRACK ☐ BYPASS ☐ DEEPEN		2. BSEE OPERATOR NO.	3. OPERATOR NAME and ADDRESS ***(Submitting office)***
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. ☐ Revision	11. If revision, list changes:

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 (☐ NAD 83 / ☐ D 27)	16. LONGITUDE (☐ NAD 83 / ☐ D 27)	20. LATITUDE (☐ NAD 83 / ☐ D 27)	21. LONGITUDE (☐ NAD 83 / ☐ 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

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 ***(Type or print name)***	30. TITLE
31. AUTHORIZING SIGNATURE	32. DATE

THIS SPACE FOR BSEE USE ONLY

APPROVED: ☐ With Attached Conditions Without Conditions	BY	TITLE
API WELL NO. ASSIGNED TO THIS WELL		DATE

.4-NEW
'xx/xxxx

)

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?	☐ YES ☐ NO ☐ 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?	☐ YES ☐ NO ☐ 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?	☐ YES ☐ NO ☐ N/A	
D) If requesting a waiver of the conductor casing, have you submitted a log to BSEE District Office that is with in 500 feet of the proposed bottom hole location for the proposed surface casing point?	☐ YES ☐ NO ☐ N/A	
E) Will the proposed operation be covered by an EPA Discharge Permit? (please provide permit number in remarks for this question)	☐ YES ☐ NO ☐ 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.	☐ YES ☐ NO ☐ 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?	☐ YES ☐ NO ☐ N/A	
H) Has the drilling rig been approved for the use of digital BOP testing? If yes, which version?	☐ YES ☐ NO ☐ N/A	

PAPERWORK REDUCTION ACT OF 1995 (PRA) STATEMENT: The PRA (44 U.S.C. 3501 *et seq*) requires us to i
this information to obtain knowledge of equipment and procedures to be used in drilling operations. BSEE uses the ir
approve or disapprove the adequacy of the equipment and/or procedures to safely perform the proposed drilling oper
mandatory (43 U.S.C. 1334). Proprietary data are covered under 30 CFR 250.197. An agency may not conduct or sp
required to respond to, a collection of information unless it displays a currently valid OMB Control Number. The burd
0123 + 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 regar
any other aspect of this form to the Information Collection Clearance Officer, Bureau of Safety and Environmental En
Street, Herndon, VA 20170.

Remarks

nform you that we collect
nformation to evaluate and
ration. Responses are
onsor, and a person is not
len to fill out Forms BSEE-
burden for the attachments
rding the burden estimate or
nforcement, 381 Elden