

Supplemental APD Information Sheet (Casing Design)

1) Operator Name:		2) Well Name (Proposed):		ST:	BP:
3) Bottom Hole Lease:		4) Surface Lease:			
5) API Number:		6) Type of Well: <input type="checkbox"/> Exploratory <input type="checkbox"/> Development			
7) H ₂ S: <input type="checkbox"/> Absent <input type="checkbox"/> Known <input type="checkbox"/> Unknown		8) H ₂ S Activation Plan Depth (TVD) (ft):			
9) Rig Name:		10) SubSea BOP: <input type="checkbox"/> Yes <input type="checkbox"/> No			
11) Water Depth (ft):		12) RKB Height (ft):		13) Mineral Code:	
14) Drive Pipe Size (in):		15) Drive Pipe Depth (ft):		16) Anchors <input type="checkbox"/> Yes <input type="checkbox"/> No	

17) Well Design Information

Interval Number:		Type:			Name:			
Section Number	Casing Size (in)	Casing Weight (#/ft)	Casing Grade	Burst Rating (psi)		Collapse Rating (psi)	Depth (ft) MD TVD	Pore Pressure (ppg)

GENERAL INFORMATION		PREVENTER INFORMATION		TEST INFORMATION	
Hole Size (in)		Type		Annular Test (psi)	
Mud Weight (ppg)		Size (in)		BOP/Diverter Test (psi)	
Mud Type Code		Wellhead Rating (psi)		Mud Test Weight (ppg)	
Frac Gradient (ppg)		Annular Rating (psi)		Casing/Liner Test (psi)	
Liner Top Depth (ft)		BOP/Diverter Rating (psi)		Formation Test (ppg)	
Cement Volume (ft ³)					

Interval Number:		Type:			Name:			
Section Number	Casing Size (in)	Casing Weight (#/ft)	Casing Grade	Burst Rating (psi)		Collapse Rating (psi)	Depth (ft) MD TVD	Pore Pressure (ppg)

GENERAL INFORMATION		PREVENTER INFORMATION		TEST INFORMATION	
Hole Size (in)		Type		Annular Test (psi)	
Mud Weight (ppg)		Size (in)		BOP/Diverter Test (psi)	
Mud Type Code		Wellhead Rating (psi)		Mud Test Weight (ppg)	
Frac Gradient (ppg)		Annular Rating (psi)		Casing/Liner Test (psi)	
Liner Top Depth (ft)		BOP/Diverter Rating (psi)		Formation Test (ppg)	

Interval Number:		Type:			Name:			
Section Number	Casing Size (in)	Casing Weight (#/ft)	Casing Grade	Burst Rating (psi)		Collapse Rating (psi)	Depth (ft) MD TVD	Pore Pressure (ppg)

GENERAL INFORMATION		PREVENTER INFORMATION		TEST INFORMATION	

*** NOTE*** For additional casing/liner intervals, please submit an additional Form BSEE-0123S.

CERTIFICATION: I certify that the 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.

Name and Title: _____ Date: _____

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