

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

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	



