

STATE OF ALASKA
ALASKA OIL AND GAS CONSERVATION COMMISSION
PERMIT TO DRILL

20 AAC 25.005

1a. Type of Work: Drill <input type="checkbox"/> Lateral <input type="checkbox"/> Redrill <input type="checkbox"/> Reentry <input type="checkbox"/>		1b. Proposed Well Class: Exploratory - Gas <input type="checkbox"/> Stratigraphic Test <input type="checkbox"/> Exploratory - Oil <input type="checkbox"/> Development - Oil <input type="checkbox"/> Development - Gas <input type="checkbox"/>			Service - WAG <input type="checkbox"/> Service - Winj <input type="checkbox"/> Service - Supply <input type="checkbox"/> Service - Disp <input type="checkbox"/> Single Zone <input type="checkbox"/> Multiple Zone <input type="checkbox"/>			1c. Specify if well is proposed for: Coalbed Gas <input type="checkbox"/> Gas Hydrates <input type="checkbox"/> Geothermal <input type="checkbox"/> Shale Gas <input type="checkbox"/>		
2. Operator Name:				5. Bond: Blanket <input type="checkbox"/> Single Well <input type="checkbox"/> Bond No. _____			11. Well Name and Number: _____			
3. Address: _____				6. Proposed Depth: MD: _____ TVD: _____			12. Field/Pool(s): _____			
4a. Location of Well (Governmental Section): Surface: _____ Top of Productive Horizon: _____ Total Depth: _____				7. Property Designation: _____			13. Approximate Spud Date: _____			
4b. Location of Well (State Base Plane Coordinates - NAD 27): Surface: x- _____ y- _____ Zone- _____				10. KB Elevation above MSL (ft): _____ GL / BF Elevation above MSL (ft): _____			15. Distance to Nearest Well Open to Same Pool: _____			
16. Deviated wells: Kickoff depth: _____ feet Maximum Hole Angle: _____ degrees				17. Maximum Potential Pressures in psig (see 20 AAC 25.035) Downhole: _____ Surface: _____						
18. Casing Program:		Specifications				Top - Setting Depth - Bottom				Cement Quantity, c.f. or sacks
Hole	Casing	Weight	Grade	Coupling	Length	MD	TVD	MD	TVD	(including stage data)
19. PRESENT WELL CONDITION SUMMARY (To be completed for Redrill and Re-Entry Operations)										
Total Depth MD (ft):		Total Depth TVD (ft):		Plugs (measured):		Effect. Depth MD (ft):		Effect. Depth TVD (ft):		Junk (measured):
Casing		Length		Size		Cement Volume		MD		TVD
Conductor/Structural										
Surface										
Intermediate										
Production										
Liner										
Perforation Depth MD (ft): _____						Perforation Depth TVD (ft): _____				
Hydraulic Fracture planned? Yes <input type="checkbox"/> No <input type="checkbox"/>										
20. Attachments: Property Plat <input type="checkbox"/> BOP Sketch <input type="checkbox"/> Drilling Program <input type="checkbox"/> Time v. Depth Plot <input type="checkbox"/> Shallow Hazard Analysis <input type="checkbox"/> Diverter Sketch <input type="checkbox"/> Seabed Report <input type="checkbox"/> Drilling Fluid Program <input type="checkbox"/> 20 AAC 25.050 requirements <input type="checkbox"/>										
21. I hereby certify that the foregoing is true and the procedure approved herein will not be deviated from without prior written approval.										
Authorized Name: _____								Contact Name: _____		
Authorized Title: _____								Contact Email: _____		
Authorized Signature: _____								Contact Phone: _____		
Date: _____										
Commission Use Only										
Permit to Drill Number: _____		API Number: _____				Permit Approval Date: _____			See cover letter for other requirements.	
Conditions of approval : If box is checked, well may not be used to explore for, test, or produce coalbed methane, gas hydrates, or gas contained in shales: <input type="checkbox"/>										
Samples req'd: Yes <input type="checkbox"/> No <input type="checkbox"/>					Mud log req'd: Yes <input type="checkbox"/> No <input type="checkbox"/>					
H ₂ S measures: Yes <input type="checkbox"/> No <input type="checkbox"/>					Directional svy req'd: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Spacing exception req'd: Yes <input type="checkbox"/> No <input type="checkbox"/>					Inclination-only svy req'd: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Post initial injection MIT req'd: Yes <input type="checkbox"/> No <input type="checkbox"/>										
Approved by: _____								APPROVED BY THE COMMISSION		Date: _____
Comm. _____		Comm. _____		Sr Pet Eng _____		Sr Pet Geo _____		Sr Res Eng _____		