

STATE OF ALASKA  
ALASKA OIL AND GAS CONSERVATION COMMISSION  
**APPLICATION FOR SUNDRY APPROVALS**

20 AAC 25.280

1. Type of Request:	Abandon <input type="checkbox"/>	Plug Perforations <input type="checkbox"/>	Fracture Stimulate <input type="checkbox"/>	Repair Well <input type="checkbox"/>	Operations shutdown <input type="checkbox"/>
	Suspend <input type="checkbox"/>	Perforate <input type="checkbox"/>	Other Stimulate <input type="checkbox"/>	Pull Tubing <input type="checkbox"/>	Change Approved Program <input type="checkbox"/>
	Plug for Redrill <input type="checkbox"/>	Perforate New Pool <input type="checkbox"/>	Re-enter Susp Well <input type="checkbox"/>	Alter Casing <input type="checkbox"/>	Other: _____ <input type="checkbox"/>

2. Operator Name:	4. Current Well Class: Exploratory <input type="checkbox"/> Development <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Service <input type="checkbox"/>	5. Permit to Drill Number:
3. Address:		6. API Number:

7. If perforating: What Regulation or Conservation Order governs well spacing in this pool? Will planned perforations require a spacing exception?      Yes <input type="checkbox"/> No <input type="checkbox"/>	8. Well Name and Number:
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9. Property Designation (Lease Number):	10. Field:	Current Pools:	Proposed Pools:
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**11. PRESENT WELL CONDITION SUMMARY**

Total Depth MD (ft):	Total Depth TVD (ft):	Effective Depth MD:	Effective Depth TVD:	MPSP (psi):	Plugs (MD):	Junk (MD):
Casing	Length	Size	MD	TVD	Burst	Collapse
Structural						
Conductor						
Surface						
Intermediate						
Production						
Liner						

Perforation Depth MD (ft):	Perforation Depth TVD (ft):	Tubing Size:	Tubing Grade:	Tubing MD (ft):
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Packers and SSSV Type:	Packers and SSSV MD (ft) and TVD (ft):
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12. Attachments:    Proposal Summary <input type="checkbox"/> Wellbore schematic <input type="checkbox"/> Detailed Operations Program <input type="checkbox"/> BOP Sketch <input type="checkbox"/>	13. Well Class after proposed work: Exploratory <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Development <input type="checkbox"/> Service <input type="checkbox"/>
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14. Estimated Date for Commencing Operations:	15. Well Status after proposed work: OIL <input type="checkbox"/> WINJ <input type="checkbox"/> WDSPL <input type="checkbox"/> Suspended <input type="checkbox"/> GAS <input type="checkbox"/> WAG <input type="checkbox"/> GSTOR <input type="checkbox"/> SPLUG <input type="checkbox"/> GINJ <input type="checkbox"/> Op Shutdown <input type="checkbox"/> Abandoned <input type="checkbox"/>
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16. Verbal Approval: _____ Date: _____ AOGCC Representative: _____	
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17. I hereby certify that the foregoing is true and the procedure approved herein will not be deviated from without prior written approval.

Authorized Name and Digital Signature with Date: _____	Contact Name: _____
	Contact Email: _____
	Contact Phone: _____
Authorized Title: _____	

**AOGCC USE ONLY**

Conditions of approval: Notify AOGCC so that a representative may witness	Sundry Number: _____
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Plug Integrity <input type="checkbox"/>	BOP Test <input type="checkbox"/>	Mechanical Integrity Test <input type="checkbox"/>	Location Clearance <input type="checkbox"/>
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Other: \_\_\_\_\_

Post Initial Injection MIT Req'd?    Yes <input type="checkbox"/> No <input type="checkbox"/>	Spacing Exception Required?    Yes <input type="checkbox"/> No <input type="checkbox"/>	Subsequent Form Required: _____
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Approved by: _____	COMMISSIONER	APPROVED BY THE AOGCC	Date: _____
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Comm.	Comm.	Sr Pet Eng	Sr Pet Geo	Sr Res Eng
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