

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 perms require a spacing exception due to property boundaries? Yes <input type="checkbox"/> No <input type="checkbox"/>				8. Well Name and Number:			
9. Property Designation (Lease Number):		10. Field:		Current Pools: Proposed Pools:			
<b>11. PRESENT WELL CONDITION SUMMARY</b>							
Total Depth MD (ft):	Total Depth TVD (ft):	Effective Depth MD:	Effective Depth TVD:	MPSP (psi):	Plugs (MD):	Junk (MD):	
<b>Casing</b>	<b>Length</b>	<b>Size</b>	<b>MD</b>	<b>TVD</b>	<b>Burst</b>	<b>Collapse</b>	
Structural							
Conductor							
Surface							
Intermediate							
Production							
Liner							
Perforation Depth MD (ft):		Perforation Depth TVD (ft):		Tubing Size:		Tubing Grade:	Tubing MD (ft):
Packers and SSSV Type:				Packers and SSSV MD (ft) and TVD (ft):			
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"/>			
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"/> G stor <input type="checkbox"/> SPLUG <input type="checkbox"/> GINJ <input type="checkbox"/> Op Shutdown <input type="checkbox"/> Abandoned <input type="checkbox"/>			
16. Verbal Approval: _____ Date: _____ AOGCC Representative: _____							
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: _____			
Authorized Title: _____				Contact Email: _____			
				Contact Phone: _____			
<b>AOGCC USE ONLY</b>							
Conditions of approval: Notify AOGCC so that a representative may witness				Sundry Number: _____			
Plug Integrity <input type="checkbox"/> BOP Test <input type="checkbox"/> Mechanical Integrity Test <input type="checkbox"/> Location Clearance <input type="checkbox"/>							
Other Conditions of Approval:				Suspension Expiration Date: _____			
Post Initial Injection MIT Req'd? Yes <input type="checkbox"/> No <input type="checkbox"/>				Subsequent Form Required: _____			
Approved by:		COMMISSIONER		APPROVED BY THE AOGCC			
Comm. _____		Sr Pet Eng _____		Date: _____			
Comm. _____		Sr Pet Geo _____		Sr Res Eng _____			