

STATE OF ALASKA
ALASKA OIL AND GAS CONSERVATION COMMISSION
ANNULAR DISPOSAL APPLICATION

20 AAC 25.080

1. Operator Name:		3. Permit to Drill Number:	
		4. API Number:	
2. Address:		5. Well Name:	
		6. Field:	
7. Publicly recorded wells a) All wells within one-quarter mile: b) Water wells within one mile:		8. Stratigraphic description: a) Interval exposed to open annulus: b) Waste receiving zone: c) Confinement:	
9. Depth to base of permafrost:		10. Hydrocarbon zones above waste receiving zone (MD/TVD):	
11. Previous volume disposed in annulus and date:	12. Estimated slurry density:	13. Maximum anticipated pressure at shoe:	
14. Estimated volume to be disposed with this request:	15. Fluids to be disposed:		
16. Estimated start date:			
17. Attachments: Well Schematic (Include MD and TVD) <input type="checkbox"/> Cement Bond Log (if required) <input type="checkbox"/> FIT Records w/ LOT Graph <input type="checkbox"/> Surf. Casing Cementing Data <input type="checkbox"/> Other <input type="checkbox"/> _____			
18. 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			
Conditions of approval: Subsequent form required: 10-423		Sundry Number: _____	
		LOT review and approval: _____	
Approved by: _____		APPROVED BY THE COMMISSION	
		Date: _____	
Comm.	Comm.	Sr Pet Eng	Sr Pet Geo
			UIC Mgr
			Sr Res Eng