

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

20 AAC 25.080

1. Operator Name:		3. Permit to Drill No:	
		4. API Number: 50-	
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:	
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 correct to the best of my knowledge. Signature: _____ Title: _____ Printed Name: _____ Phone Number: _____ Date: _____			
Commission Use Only			
Conditions of approval: LOT review and approval: _____ Subsequent form required: _____ Approval number: _____			
Approved by:		APPROVED BY THE COMMISSION	
		Date:	

Instructions to complete form 10-403AD:

Block No:

- 1 - 6 Self-explanatory
- 7 - 8 When an additional annular disposal request is submitted for the same field, list only the information that was not referenced in a previous disposal request.
- 10 List MVD & TVD of any Hydrocarbon Zones above waste receiving zone.