

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. Verbal Approval: Commission Representative: _____									Date: _____	
22. 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: _____				
						Contact Phone: _____				
Authorized Signature: _____						Date: _____				
Commission Use Only										
Permit to Drill Number: _____		API Number: _____ 50- _____				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"/>										
Other: 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: _____		COMMISSIONER				APPROVED BY THE COMMISSION			Date: _____	