

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

20 AAC 25.280

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

2. Operator Name: _____ 4. Current Well Class: Exploratory Development
 Stratigraphic Service 5. Permit to Drill Number: _____
 3. Address: _____ 6. API Number: _____
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7. If perforating: What Regulation or Conservation Order governs well spacing in this pool?
 Will planned perforations require a spacing exception? Yes No 8. Well Name and Number: _____

9. Property Designation (Lease Number): _____ 10. Field/Pool(s): _____

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): _____

Packers and SSSV Type: _____ Packers and SSSV MD (ft) and TVD (ft): _____

12. Attachments: Proposal Summary Wellbore schematic
 Detailed Operations Program BOP Sketch 13. Well Class after proposed work:
 Exploratory Stratigraphic Development Service

14. Estimated Date for Commencing Operations: _____ 15. Well Status after proposed work:
 OIL WINJ WDSPL Suspended
 16. Verbal Approval: _____ Date: _____ GAS WAG Gstor SPLUG
 Commission Representative: _____ GINJ Op Shutdown Abandoned

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: _____ Contact Name: _____
 Authorized Title: _____ Contact Email: _____
 Authorized Signature: _____ Date: _____ Contact Phone: _____

COMMISSION USE ONLY

Conditions of approval: Notify Commission so that a representative may witness Sundry Number: _____

Plug Integrity BOP Test Mechanical Integrity Test Location Clearance
 Other: _____

Post Initial Injection MIT Req'd? Yes No Spacing Exception Required? Yes No Subsequent Form Required: _____

Approved by: _____ COMMISSIONER APPROVED BY THE COMMISSION Date: _____