STATE OF ALASKA
ALASKA OIL AND GAS CONSERVATION COMMISSION

PERMIT TO DRILL

20 AAC 25.005

1a. Type of Work: Drill ☐ Lateral ☐ Redrill ☐ Reentry ☐	1b. Proposed Well Class: Exploratory - Gas ☐ Service - WAG ☐ Service - Disp ☐ Stratigraphic Test ☐ Development - Oil ☐ Service - Winj ☐ Single Zone ☐ Exploratory - Oil ☐ Development - Gas ☐ Service - Supply ☐ Multiple Zone ☐		1c. Specify if well is proposed for: Coalbed Gas ☐ Gas Hydrates ☐ Geothermal ☐ Shale Gas ☐
2. Operator Name:		5. Bond: Blanket ☐ Single Well ☐ 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 (Lease Number): 8. Land Use Permit: 9. Acres in Property:	13. Approximate Spud Date: 14. Distance to Nearest Property:
4b. Location of Well (State Base Plane Coordinates - NAD 27): Surface: x- y- Zone-		10. KB Elevation above MSL (ft): GL 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):

20. Attachments: Property Plat ☐ BOP Sketch ☐ Drilling Program ☐ Time v. Depth Plot ☐ Shallow Hazard Analysis ☐
Diverter Sketch ☐ Seabed Report ☐ Drilling Fluid Program ☐ 20 AAC 25.050 requirements ☐

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. Contact

Email

Printed Name Title

Signature Phone 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: ☐

Other:

Samples req'd: Yes ☐ No ☐ Mud log req'd: Yes ☐ No ☐

H_2S measures: Yes ☐ No ☐ Directional svy req'd: Yes ☐ No ☐

Spacing exception req'd: Yes ☐ No ☐ Inclination-only svy req'd: Yes ☐ No ☐

Post initial injection MIT req'd: Yes ☐ No ☐

Approved by: COMMISSIONER APPROVED BY THE COMMISSION Date:

This permit is valid for 24 months from the date of approval (20 AAC 25.005(g))

Submit Form and Attachments in Duplicate