

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   
 3. Address: \_\_\_\_\_ Stratigraphic  Service  5. Permit to Drill Number: \_\_\_\_\_  
 6. API Number: \_\_\_\_\_  
 50- \_\_\_\_\_

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   
 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.  
 Printed Name \_\_\_\_\_ Title \_\_\_\_\_ Contact \_\_\_\_\_  
 Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_ Email \_\_\_\_\_

**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: \_\_\_\_\_