

Application for Permit to Drill (APD)

1. PROPOSAL TO DRILL <input type="checkbox"/> NEW WELL <input type="checkbox"/> SIDETRACK <input type="checkbox"/> BYPASS <input type="checkbox"/> DEEPEN		2. MMS OPERATOR NO.	3. OPERATOR NAME and ADDRESS <i>(Submitting office)</i>
4. WELL NAME (CURRENT)	5. SIDETRACK NO. (CURRENT)	6. BYPASS NO. (CURRENT)	
7. PROPOSED START DATE	8. PLAN CONTROL NO. (NEW WELL ONLY)		
9. API WELL NO. (CURRENT SIDETRACK / BYPASS) (12 DIGITS)			

10. <input type="checkbox"/> Revision	11. If revision, please list changes:
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WELL AT TOTAL DEPTH (PROPOSED)		WELL AT SURFACE	
12. LEASE NO.	17. LEASE NO.		
13. AREA NAME	18. AREA NAME		
14. BLOCK NO.	19. BLOCK NO.		
15. LATITUDE (<input type="checkbox"/> NAD 83 / <input type="checkbox"/> NAD 27)	16. LONGITUDE (<input type="checkbox"/> NAD 83 / <input type="checkbox"/> NAD 27)	20. LATITUDE (<input type="checkbox"/> NAD 83 / <input type="checkbox"/> NAD 27)	21. LONGITUDE (<input type="checkbox"/> NAD 83 / <input type="checkbox"/> NAD 27)

LIST OF SIGNIFICANT MARKERS ANTICIPATED					
22. NAME	23. TOP (MD)	24. TOP (TVD)	22. NAME	23. TOP (MD)	24. TOP (TVD)

25. LIST ALL ATTACHMENTS (*Attach complete well prognosis + attachments required by 30 CFR 250.414 or 30 CFR 250.1617(c) and (d) as appropriate.*)

26. CONTACT NAME	27. CONTACT TELEPHONE NO.	28. CONTACT E-MAIL ADDRESS
29. AUTHORIZING OFFICIAL (<i>Type or print name</i>)	30. TITLE	
31. AUTHORIZING SIGNATURE	32. DATE	

THIS SPACE FOR MMS USE ONLY		
APPROVED: <input type="checkbox"/> With Attached Conditions <input type="checkbox"/> Without Conditions	BY	TITLE
API WELL NO. ASSIGNED TO THIS WELL	DATE	

Application for Permit to Drill (APD) Information Sheet

33) Question Information Sheet		
Questions	Response	Remarks
A) Will you maintain quantities of mud and mud material (including weight materials and additives) sufficient to raise the entire system mud weight 1/2 ppg or more?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
B) If hydrocarbon-based drilling fluids were used, is the drilling rig outfitted for zero discharge and will zero discharge procedures be followed?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
C) If drilling the shallow casings strings riserless, will you maintain kill weight mud on the rig and monitor the wellbore with an ROV to ensure that it is not flowing?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
D) If requesting a waiver of the conductor casing, have you submitted a log to MMS G&G that is with in 500 feet of the proposed bottom hole location for the proposed surface casing point?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
E) Will the proposed operation be covered by an EPA Discharge Permit? (please provide permit number in remarks for this question)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
F) Will all wells in the well bay and related production equipment be shut-in when moving on to or off of an offshore platform, or from well to well on the platform? If not, please explain.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	

PAPERWORK REDUCTION ACT OF 1995 (PRA) STATEMENT: The PRA (44 U.S.C. 3501 et. seq.) requires us to inform you that we collect this information to obtain knowledge of equipment and procedures to be used in drilling operations. MMS uses the information to evaluate and approve or disapprove the adequacy of the equipment and/or procedures to safely perform the proposed drilling operation. Responses are mandatory (43 U.S.C. 1334). Proprietary data are covered under 30 CFR 250.197. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. Public reporting burden for this form, MMS-123, is estimated to average between 2.5-3 hours per response, depending on whether it is a paper submittal or electronic submittal. This includes the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, Mail Stop 5438, Minerals Management Service, 1849 C Street, NW, Washington, DC 20240.