

## **Application for Permit to Drill (APD)**

1. PROPOSAL TO DRILL  NEW WELL      SIDETRACK      BYPASS      DEEPEN				2. BSEE 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. Revision	11. If revision, list changes:					
WELL AT TOTAL DEPTH (PROPOSED)				WELL AT SURFACE		
12. LEASE NO.				17. LEASE NO. and FACILITY NAME		
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 ( <i>Attach complete well prognosis + attachments required by 30 CFR 250.414 or 30 CFR 250.1617(c) and (d) as appropriate.</i> )						
26. CONTACT NAME			27. CONTACT TELEPHONE NO.		28. CONTACT E-MAIL ADDRESS	
<b>CERTIFICATION:</b> I certify that information submitted is complete and accurate to the best of my knowledge. I understand that making a false statement may subject me to criminal penalties under 18 U.S.C. 1001 (signature in # 31. below).						
29. AUTHORIZING OFFICIAL ( <i>Type or print name</i> )			30. TITLE			
31. AUTHORIZING SIGNATURE			32. DATE			
<b>THIS SPACE FOR BSEE USE ONLY</b>						
APPROVED:  <input type="checkbox"/> With Attached Conditions <input type="checkbox"/> Without Conditions		BY	TITLE			
API WELL NO. ASSIGNED TO THIS WELL						

## 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?	YES NO 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?	YES NO 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?	YES NO N/A	
D) If requesting a waiver of the conductor casing, have you submitted a log to BSEE District Office that is within 500 feet of the proposed bottom hole location for the proposed surface casing point?	YES NO N/A	
E) Will the proposed operation be covered by an EPA Discharge Permit? (please provide permit number in remarks for this question)	YES NO 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 NO N/A	
G) Is the calculated daily volume possible from an uncontrolled blowout of this well greater than the daily volume included in the worst case discharge scenario in the approved oil spill response plan?	YES NO N/A	
H) Has the drilling rig been approved for the use of digital BOP testing? If yes, which version?	YES NO 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. BSEE 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. The burden to fill out Forms BSEE-0123 + BSEE-0123S is estimated at 1 hour per response. This burden represents only the filling out of the forms, the burden for the attachments required range from 30 minutes to 2,800 hours depending on the region and the requirement. Direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, Bureau of Safety and Environmental Enforcement, 45600 Woodland Road, Sterling, VA 20166.