

1. OPERATOR NAME		5. WELL NAME (Proposed)		6. TYPE OF WELL <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEVELOPMENT		11. WATER DEPTH		12. ELEVATION AT KB		
2. API WELL NO. (Proposed) (12 Digits)		3. BOTTOM LEASE NO. (Proposed)		7. SIDETRACK NO. (Proposed)		8. BYPASS NO. (Proposed)		13. H <sub>2</sub> S DESIGNATION <input type="checkbox"/> KNOWN <input type="checkbox"/> UNKNOWN <input type="checkbox"/> ABSENT		
4. TOTAL DEPTH (Proposed)  MD _____      TVD _____				9. RIG NAME			10. RIG TYPE		14. H <sub>2</sub> S ACTIVATION PLAN DEPTH FT (TVD)	

Hole Size (IN)	Casing (Indicate if Liner)	Casing Size (IN)	Weight (#/Feet)	Burst Rating (psi)	Type of Connection	MASP (psi)	Safety Factors			Top of Liner	Casing Depth (Feet)	Casing Shoe (ppg)			Well-head Rating (psi)	BOP Size (In)	Rated BOP Working Pressure	Test Pressures			Cement (Feet <sup>2</sup> )	Drilling Fluid Type (Oil Base, Water Base, Synthetic)		
			Grade	Collapse Rating (psi)			B	C	T	MD	MD	TVD	PP	MW			FG	Annular/Diverter (psi)	Annular/Diverter (psi)	Casing Test (psi)			Casing Shoe (ppg)	MW Used for Test (ppg)
	Drive/Structural																							
	Conductor																							
	Surface																							

16. CONTACT NAME		17. CONTACT PHONE NO.		18. CONTACT E-MAIL ADDRESS	
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19. Will you maintain quantities of mud and mud material (including weight materials and additives) sufficient to raise the entire system mud weight ½ ppg or more?     YES     NO

20. REMARKS:

**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 well status, well and casing test, and well casing configuration data. MMS uses this information to have accurate data and information on all wells under its jurisdiction and to ensure compliance with approved plans. Responses are mandatory (43 U.S.C. 1334). Proprietary data are covered under 30 CFR 250.196. 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 is estimated to average 1½ hour per response, including 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 4230, Minerals Management Service, 1849 C Street, N.W., Washington, DC 20240.