

APPLICATION FOR PERMIT TO MODIFY (APM)

(Replaces Sundry Notices and Reports on Well)

1. TYPE OF SUBMITTAL <input type="checkbox"/> REQUEST <input type="checkbox"/> SUBSEQUENT <input type="checkbox"/> CORRECTION APPROVAL REPORT		2. MMS OPERATOR NO.	3. OPERATOR NAME and ADDRESS (Submitting Office)			
4. WELL NAME	5. SIDETRACK NO.	6. BYPASS NO.				
7. API WELL NO. (12 digits)	8. START DATE (Proposed)	9. PRODUCING INTERVAL CODE	10. WELL STATUS	11. WATER DEPTH (Surveyed)	12. ELEVATION AT KB (Surveyed)	
WELL AT TOTAL DEPTH			WELL AT SURFACE			
13. LEASE NO.			16. LEASE NO.			
14. AREA NAME			17. AREA NAME			
15. BLOCK NO.			18. BLOCK NO.			
19. PROPOSED OR COMPLETED WORK (Describe in Section 22)						
<input type="checkbox"/> INITIAL COMPLETION		<input type="checkbox"/> PERMANENT PLUGGING		<input type="checkbox"/> ACIDIZE WITH COIL TUBING		
<input type="checkbox"/> MULTI-COMPLETION		<input type="checkbox"/> TEMPORARY ABANDONMENT		<input type="checkbox"/> ARTIFICIAL LIFT (INITIAL)		
<input type="checkbox"/> RECOMPLETION		<input type="checkbox"/> PLUG BACK TO SIDETRACK / BYPASS		<input type="checkbox"/> WORKOVER		
<input type="checkbox"/> MODIFY PERFORATIONS				<input type="checkbox"/> CHANGE IN APPROVED PROCEDURE		
<input type="checkbox"/> CHANGE ZONE		<input type="checkbox"/> OTHER _____		<input type="checkbox"/> FINAL LOCATION PLAT ATTACHED		
20. RIG NAME OR PRIMARY UNIT (e.g., Wireline Unit, Coil Tubing unit, etc.)					21. RIG TYPE	
22. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Attach Prognosis or Summary of Completed Work, As Appropriate)						
23. CONTACT NAME		24. CONTACT TELEPHONE NO.	25. CONTACT E-MAIL ADDRESS			
26. AUTHORIZING OFFICIAL (Type or Print Name)		27. TITLE				
28. AUTHORIZING SIGNATURE		29. DATE				

THIS SPACE FOR MMS USE ONLY		
APPROVED BY	TITLE	DATE

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 well-completion, workover, and production operations. MMS uses the information to evaluate and approve or disapprove the adequacy of the equipment and/or procedures to safely perform the proposed operation. 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 1¼ hours 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.