



UNITED STATES DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE

Application for Permit to Drill (APD)

* MMS Region GOM PAC AK

* Contact Name
(First Name) (Last Name)

* Phone Number

* Lease Operator Name

* MMS Company Number

* Bottom-hole Lease Number

Well Name

* Proposed to Drill New well Sidetrack
 Bypass Deepen

* Total Payment Amount

* Select Payment Type Credit Card ACH Debit