

STATE OIL AND GAS BOARD OF ALABAMA



Application to Reenter

\_\_\_\_\_ 01 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Permit Number (To be filled in by Board) API Number

**Form OGB-1A, Rev. 07/13**  
(File in triplicate)

Drill                      Deepen                      Amend

Name of Operator \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1. Well name and number	2. County
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3. Well Location (actual surface)	(give footage from nearest section or offshore tract lines)		Section-Township-Range or Tract
	Latitude (NAD27)                      ■	Longitude (NAD27)                      ■	

4. Field (If wildcat, so state)	5. Target Reservoir
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6. Unit assigned to well

7. Distance from proposed location to nearest unit line                      feet	8. Distance (if less than 5,280 feet) from proposed location to nearest permitted, drilling, or producible well in same reservoir                      feet
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9. Proposed depth	10. Approximate date work will begin	11. Anticipated depth to base of fresh water (<10,000 mg/L TDS), if known                      subsea depth
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12. Acres assigned to well	13. Elevation (ground)	14. Is an alternate unit required in accordance with the applicable spacing rule?	Yes      No (If yes, see no. 15 below)
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15. If yes, describe alternate unit in accordance with applicable rule

16. Type	Single Well	Amount of bond	17. Bonding company and bond number
bond	Blanket		

18. Are the provisions of Rule 400-1-9-.02 or Rule 400-2-8-.04, Operations Involving Hydrogen Sulfide, applicable?                      Yes                      No  
If yes, a Form OGB-24 shall be filed with this application.

19. Person to contact regarding this application	Phone Number	
	Fax Number	
	E-mail Address	

Remarks: \_\_\_\_\_

Executed this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath states that he/she is duly authorized to make the above report and that he/she has knowledge of the facts stated therein, and that said report is true and correct.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

SEAL                      Notary Public in and for \_\_\_\_\_  
My commission expires \_\_\_\_\_                      County, \_\_\_\_\_

ACTION OF STATE OIL AND GAS BOARD

APPROVED BY \_\_\_\_\_                      DATE \_\_\_\_\_