

Permit # _____

OFFICIAL USE ONLY

(rev 4/6/99)

STATE OF ALASKA
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL AND GAS
GEOPHYSICAL EXPLORATION PERMIT

Applicant/Permittee: _____

Address: _____ Phone: _____
_____ Fax: _____

Contractor: _____ Phone: _____
_____ Fax: _____

Contact: _____ Title: _____
Address: _____ Phone: _____
_____ Fax: _____

General Location: _____

Period Requested: From: _____ **To:** _____

Geophysical Technique: Seismic (complete below) ___ Other (attached description)

A) Marine: Vessel Name: _____
Registered Owner: _____
Official Number: _____
Radio Call Number: _____

Airguns: Total cubic inches (ci) in array: _____
Maximum Operating Pressure: _____
Minimum Water Depth: _____
Streamer Length: _____

Other Energy Source: _____ (attach description)

B) Uplands: ___ Vibroseis: ___ Track Mounted ___ Wheel Mounted
___ Shallow Hole: Hole Depths _____
___ Surface Shot: Charge Heights _____

Explosives: Type: _____
Lbs/Shot/Hole: _____ Distance Between Charges _____
Number of Helicopters _____ Fixed Wing Aircraft _____

C) Number of line miles (2D) _____ and/or square miles (3D) to be acquired: _____

D) Line Location Map: The applicant is required to submit a map(s) showing the exact location of all proposed seismic lines. The applicant may request that this map be maintained confidential as provided in AS 38.05.035(a)(8). Do you request confidentiality? Yes ___ No ___

Housing for Project Personnel:

A) Housing type: ___ Existing Facilities _____
___ Temporary Camp, please describe _____

- B) Number of Personnel: _____
- C) Drinking Water Supply: _____
- D) Disposal of Solid Wastes: _____
- E) Disposal of Liquid Wastes: _____

Fuel Storage:

- A) Type of Fuel: _____ Amount Stored _____
- C) Method of Storage/Containment: _____
- D) Location of Stored Fuel: _____

Surface Travel:

- A) The applicant must provide a list of all surface contact vehicles to be used.
- B) Will use of this equipment require clearing of vegetation? ____ if yes, describe method and amount of clearing required. _____

- C) Will river crossings be required? ____ if yes, list major drainages. _____

Indemnity: Amount: _____ Bond ID Number _____
 Bonding Company: _____ Type: ____ Statewide Bond
 Address: _____ _____ Single Program

The applicant agrees that operations shall be conducted in conformance with applicable Federal, State and local laws and regulations now, or hereafter, in effect during the life the permit. The applicant agrees that operations shall be conducted in strict compliance with the provisions of the Alaska Miscellaneous Land Use Regulations, and permit stipulations.

The applicant certifies that he has read and is familiar with the Alaska Miscellaneous Land Use Regulations.

Signature: _____ Date _____
 Print Name _____
 Title _____

DO NOT WRITE BELOW THIS LINE

LAND USE PERMIT

The DIVISION OF OIL AND GAS grants to _____ the right to use State of Alaska lands, as described in this application, subject to 11 AAC 96.010 thru 96.250, Miscellaneous Land Use Regulations, and the attached stipulations.

Effective dates for permit: _____ to _____

STATE OF ALASKA

BY: _____ Date _____
 TITLE: _____