



Geophysical Activity Completion Report

RETURN COMPLETED FORM TO:
 Division of Oil & Gas
 Resource Evaluation Section
 550 W. 7th Ave, Ste 1100
 Anchorage, AK 99501

MLUP #
SURVEY #
SURVEY NAME

Permit Name			(1) Final Permit Name			
Original Permittee	Permittee		(2) Permittee			
	Contact Name and Title		(3) Contact Name and Title			
	Address		(4) Address			
	City	State	Zip	(5) City	(6) State	(7) Zip
	Phone #	E-mail		(8) Phone #	(9) E-mail	
Original Data Owner	Owner		(10) Owner			
	Contact Name and Title		(11) Contact Name and Title			
	Address		(12) Address			
	City	State	Zip	(13) City	(14) State	(15) Zip
	Contact Phone #	E-mail		(16) Phone #	(17) E-mail	
Original Contractor			(18) Final Contractor			
Original Area			(19) Final Area			
Permit Issued From		Permit Issued To	(20) Date Work Started		(21) Date Work Completed	

(22) Survey Type(s)

(a) 2D Seismic
 (b) 3D Seismic
 (c) Check Shot
 (d) VSP
 (e) Gravity
 (f) Magnetics
 (g) Other _____

If other, attach a description(s) of the survey type(s).

(24) Submitted Survey Products

(a) Final Shot Point (Post-Plot) Location Map**
 (b) Navigation (SEG-P1 or ASCII) Files**
 (c) Drillers Logs**
 (d) Observers Logs**
 (e) Map(s) showing the location of landing zones, camps, camp moves, storage areas, surface damage from vehicles, and blowouts.
 (f) Report covering incidents of lost equipment, land conflicts, blowouts, surface damage, discharge of oil or hazardous substances into water or on land, and corrective measures taken.
 (g) Statement of cleanup activities and methods of debris disposal.

If other, attach list and description of survey product(s).

****Products Eligible for Confidentiality**

(25) Final Survey Coverage	2D (miles)	3D (sq. miles)
(a) Onshore State		
(b) Onshore Federal		
(c) Onshore Private		
(d) Offshore 0-3 mi		
(e) Total Miles		

(23) Acquisition Technique(s)

Source

(a) Vibroseis
 (b) Air Gun
 (c) Explosive/Dynamite

Receiver

(e) Nodal/Telemetry
 (f) Cable
 (g) Marine Streamer

If other, attach description of the source/receiver type(s).

(26) Line Prefixes

(Attach additional sheet if necessary)

(27) CANCELED

(If canceled, please include reason)

(28) I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.

(29) I Request that the above products indicated as "***Products Eligible for Confidentiality" be held as follows: Confidential Public

Permittee Name (Signed) _____ Date _____

Permittee Name (Printed) _____ Title _____

MLUP data submittal obligations are not complete until the Geophysical Activity Completion Report, Geophysical Processing Completion Report and all associated datasets are submitted for each survey under the MLUP number for each and every survey number. At a minimum, the permittee shall submit the processed data as indicated above; however, the director may request additional data submissions, [as defined in 11 AAC 96.210 (6)] as the Director determines necessary within the described five-year period. The director may also require the resubmission of unreadable or incomplete data.