

### Application for Permit to Modify (APM)

<b>Lease</b> P00216	<b>Area</b> LA	<b>Block</b> 6862	<b>Well Name</b> S055	<b>ST</b> 00	<b>BP</b> 00	<b>Type</b> Development
<b>Application Status</b> Approved		<b>Operator</b> 02531 DCOR, L.L.C.				

<b>Pay.gov</b>	<b>Agency</b>	<b>Pay.gov</b>
<b>Amount:</b>	<b>Tracking ID:</b> 76318619028	<b>Tracking ID:</b> 272F2TCC

<b>General Information</b>		
<b>API</b> 043112060700	<b>Approval Dt</b> 29-NOV-2022	<b>Approved By</b> John Kaiser
<b>Submitted Dt</b> 21-NOV-2022	<b>Well Status</b> Completed	<b>Water Depth</b> 205
<b>Surface Lease</b> P00216	<b>Area</b> LA	<b>Block</b> 6862

**Approval Comments**  
Conditions of Approval:

- 1) All operations must be conducted in accordance with the OCS Lands Act (OCSLA), the lease terms and stipulations, the regulations of 30 CFR Part 250, Notices to Lessees and Operators (NTLs), the approved (revised) Application for Permit to Modify (APM/RPM), and any written instructions or orders of the District Manager.
- 2) A copy of this permit (including all attachments) must be kept on location and made available to inspectors upon request during the permitted operation.
- 3) Any casing or annuli that fails a pressure test or bubble test must be reported to the Permitting section and remediated before proceeding.
- 4) A revised PE certification is needed if (1) the plug type changes in any way including changes in cement properties, (2) any plug's setting depth (even the ones that are not required per 250.1715), changes  $\pm 100$  ' TVD, (3) the pressure test changes on any plug, (4) less cement is to be pumped, (5) more cement is to be pumped in order to isolate a hydrocarbon zone that was not anticipated in the original permit, (6) a remedial cement job is required that was not included in the original permit, or (7) any plug change that makes you deviate from the §250.1715 table.
- 5) You must have a PE certify these changes prior to these operations being performed. You must submit a revised permit with the PE certification for the revisions to this office within 72 hours.
- 6) All pressure containing equipment must be tested to the approved permitted pressure and recorded on the daily operations report. If well pressures exceed the SITP/MASP stated in the approved permit, the equipment in use must be tested at a minimum to the new observed pressure. The appropriate District must be immediately notified of this pressure change and a RPM submitted to document the change.
- 7) Notify the Permitting Section at Least 24 hours in advance of beginning these approved operations AND of any required BOP tests AND of any plug testing or tagging. You MUST NOT proceed with these operations until an inspector can arrive to witness the testing OR the Permitting Section Chief or his designee waives the witnessing.
- 8) WAR reports are due no later than noon each Wednesday.

**Correction Narrative**

<b>Permit Primary Type</b> Workover
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<b>Permit Subtype(s)</b> Artificial Lift Change Tubing	
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**Operation Description**  
 Planned work is to replace a failed ESP pump and cleanout wellbore as needed.

**Procedural Narrative**  
 The workover is being proposed due to a failure of the ESP artificial lift equipment. The proposed program involves killing the well, pulling the failed artificial lift completion, replacing the tubing string as needed, tagging fill inside the production liner, cleaning out fill if warranted based on tag depth, then running a new ESP completion. The work will be performed with a conventional rig with wireline support as needed.

**Subsurface Safety Valve**  
**Type Installed** SCSSV  
**Feet below Mudline** 224  
**Maximum Anticipated Surface Pressure (psi)** 1500  
**Shut-In Tubing Pressure (psi)** 800  
**Maximum Anticipated Wellhead Pressure (psi)**  
**Shut-In Wellhead Pressure (psi)**

Rig Information				
Name	Id	Type	ABS Date	Coast Guard Date
DCOR 455	100055	PLATFORM		

Blowout Preventers				
Preventer	Size	Working Pressure	--- Test Pressure ---	
			Low	High
Rams	13-5/8	5000	250	3000
Annular		5000	250	3000

**Date Commencing Work (mm/dd/yyyy)** 01-FEB-2022

**Estimated duration of the operation (days)** 7

Verbal Approval Information	
Official	Date (mm/dd/yyyy)

Questions			
Number	Question	Response	Response Text
A	Is H2S present in the well? If yes, then comment on the inclusion of a Contingency Plan for this operation.	YES	H2S contingency plan is in place. H2S cascade system is installed & operational. H2S detection systems are installed and operational
B	Is this proposed operation the only lease holding activity for the subject lease? If yes, then comment.	NO	

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#### Questions

Number	Question	Response	Response Text
C	Will all wells in the well bay and related production equipment be shut-in when moving on to or off of an offshore platform, or from well to well on the platform? If not, please explain.	NO	Solid steel deck between drill deck and well bays, per field rules no well shut in required.
D	If sands are to be commingled for this completion, has approval been obtained?	N/A	
E	Will the completed interval be within 500 feet of a block line? If yes, then comment.	N/A	
F	For permanent abandonment, will casings be cut 15 feet below the mudline? If no, then comment.	N/A	
G	Will you ensure well-control fluids, equipment, and operations be designed, utilized, maintained, and/or tested as necessary to control the well in foreseeable conditions and circumstances, including subfreezing conditions?	YES	See attached DCOR Well Control Plan
H	Will digital BOP testing be used for this operation? If "yes", state which version in the comment box?	N/A	
I	Is this APM being submitted to remediate sustained casing pressure (SCP)? If "yes," please specify annulus in the comment box. If you have been given a departure/denial for SCP, include in the attachments.	NO	
J	Are you pulling tubulars and/or casing with a crane? If "YES" have documentation on how you will verify the load is free per API RP 2D. This documentation must be maintained by the lessee at the lessee's field office.	NO	
K	Will the proposed operation be covered by an EPA Discharge Permit? (Please provide permit number comments for this question).	N/A	

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**Application Status** Approved                      **Operator** 02531 DCOR, L.L.C.

**Questions**

Number	Question	Response	Response Text
L	Will you be using multiple size work string/ tubing/coil tubing/snubbing/wireline? If yes, attach a list of all sizes to be used including the size, weight, and grade.	YES	See attached Workover Procedure
M	For both surface and subsea operations, are you utilizing a dynamically positioned vessel and/or non-bottom supported vessel at any time during this operation?	NO	

**ATTACHMENTS**

File Type	File Description
pdf	Rig/Coil Tubing/Snubbing Unit BOP Schematic
pdf	Proposed Wellbore Schematic
pdf	Current Wellbore Schematic
pdf	Gilda Field Rules
pdf	Gilda Well Control Plan
pdf	S-55 Well Information
pdf	S-55 Workover Procedure
pdf	Well S-55 CER
pdf	Gilda S-55 3rd Party BOPE Verification - Initial
pdf	Shear Test Certification
pdf	Payment Confirmation

**CONTACTS**

**Name** Carlo De La Rosa  
**Company**  
**Phone Number** 18059147998  
**E-mail Address** cdelarosa@dcorllc.com  
**Contact Description**

CERTIFICATION: I certify that information submitted is complete and accurate to the best of my knowledge. I understand that making a false statement may subject me to c1

Name and Title

Date

Carlo De La Rosa , Production Engineer

21-NOV-2022

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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 operations. MMS uses the information to evaluate and approve or disapprove the adequacy of the equipment and/or procedures to safely perform the proposed drilling 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 11/4 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.

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#### Request Variance(s)

Variance Status:	APPROVED
Variance Type:	Alternate Compliance
Variance Title:	Cutting Device Alternative Compliance
Regulation Number:	30 CFR 250.733(a)(1)
Oper. Justification:	Per DCOR's Well Control Plan for Platform Gilda Flowing Wells, an alternative cutting device capable of shearing all planned auxiliary lines and ESP cable will be present on the rig floor at all times. Shear test provided does not demonstrate the capability to shear associated exterior lines, nor does it demonstrate the inability to shear associated exterior lines.
BSEE Decision Remarks:	This device is acceptable