Application for Permit to Modify (APM)

| Lease P00217 A | rea LA | Block 6861 | Well Name | A011 ST 01 | BP 00 | Type Development |
|-------------------------|----------|---------------|----------------------|-------------------|--------------|------------------|
| Application Stat | us Appro | ved Op | erator 03539 | Beacon West E | Energy Gr | oup, LLC |
| Pay.gov | | Agenc | У | | Pay.gov | |
| Amount: \$125.0 | 0 | Track | ing ID: EWL-A | PM-203696 | Tracking | ID: 26GFSPTD |
| General Inform | | | | | | |
| API 043112042901 | | Approva | l Dt 10-APR-2 |)19 | Approve | d By John Kaiser |
| Submitted Dt 01-A | PR-2019 | Well St | atus Temporar | ly Abandoned | Water D | epth 318 |
| Surface Lease P | 00217 | Area | LA | | Block | 6861 |

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 ± 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) At the end of this operation, a tree or dry hole tree must be installed for the purpose of monitoring all non-structural casing annuli that are tied back to the surface.
- 8) Data must be submitted with the End of Operations Report (EOR) to demonstrate that the fluid left in the hole meets 30 CFR 250.1715(a)9. Corrosion inhibitor and biocide are recommended additives but not required.
- 9) 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.
- 10) Results of all annuli testing and plug testing must be included with the EOR.
- 11) WAR reports are due no later than noon each Wednesday.
- 12) Initial movement of CTU equipment onto the platform must be reported in eWells.
- 13) A pre-workover rig (or CTU, or HWU) inspection must be done prior to APM startup of the first well with that equipment.
- 14) A final certification of the BOP stack will be provided prior to commencement of operations. The Company states it will come in the form of an RPM. This will include compliance with API S53.

Correction Narrative

U.S. Department of the InteriorBureau of Safety and Environmental Enforcement (BSEE)

Application for Permit to Modify (APM)

Lease P00217 **Block** 6861 Well Name A011 **ST** 01 **BP** 00 Type Development Application Status Approved Operator 03539 Beacon West Energy Group, LLC Permit Primary Type Abandonment Of Well Bore Permit Subtype(s) Temporary Abandonment Operation Description Procedural Narrative See attached procedure. Subsurface Safety Valve Type Installed N/A Feet below Mudline Maximum Anticipated Surface Pressure (psi) 600 Shut-In Tubing Pressure (psi) 100 Rig Information Coast Guard Date Name Ιd Type ABS Date * PLATFORM RIG TO BE DETERMINI 60006 PLATFORM 31-DEC-2019 31-DEC-2019 Blowout Preventers --- Test Pressure ---Preventer Size Working Pressure Low High Rams 13.625 5000 250 3500 Wireline 5000 1500 Date Commencing Work (mm/dd/yyyy) 01-JUN-2019 Estimated duration of the operation (days) 60

Verbal Approval Information

Official Date (mm/dd/yyyy)

| Questic | uestions | | | | | |
|---------|--|----------|----------|------|--|--|
| Number | Question | Response | Response | Text | | |
| 1 | Is H2S present in the well? If yes, then comment on the inclusion of a Contingency Plan for this operation. | NO | | | | |
| 2 | Is this proposed operation the only lease holding activity for the subject lease? If yes, then comment. | NO | | | | |
| 3 | 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. | YES | | | | |
| 4 | Are you downhole commingling two or more reservoirs? | NO | | | | |

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Application for Permit to Modify (APM)

| Lease P0 | 0217 Area La | A Block 6861 Wel | ll Name A0 | 11 ST 01 BP 00 Type Development | | | | |
|---|---|---------------------------------------|----------------------|---------------------------------|--|--|--|--|
| Applicat | ion Status Ap | proved Operato | or 03539 Be | acon West Energy Group, LLC | | | | |
| Questic | ns | | | | | | | |
| Number | Question | | Response | Response Text | | | | |
| Will the completed interval be within 500 feet of a lease or unit boundary line? If yes, then comment. | | | NO | | | | | |
| | | | | | | | | |
| Will the proposed operation be covered by an EPA Discharge Permit? (Please provide permit number in comments for this question) | | | YES | CAG280000 | | | | |
| | | A | TACHMENT | S | | | | |
| File Typ pdf | е | File Description Rig/Coil Tubing/Sn | ubbing Uni | t BOP Schematic | | | | |
| pdf | | Proposed Wellbore | d Wellbore Schematic | | | | | |
| pdf | Current Wellbore Schematic | | | | | | | |
| pdf | Grace A-11 APM PE Certified Procedure 3-26-2019 | | | | | | | |
| pdf | f STR-CAMERON 13.625 | | | 5K-432013 | | | | |
| pdf | Well A-11 Categoric | | | ion Review | | | | |
| | | | CONTACTS | | | | | |
| Name | | Katie Preskitt | | | | | | |
| Company | | Chevron U.S.A. Inc. | | | | | | |
| Phone Number | | 985-773-7113 | | | | | | |
| E-mail Address | | lhvg@chevron.com | | | | | | |
| Contact Description | | Well P&A Coordinator Jeremy Lenoir | | | | | | |
| | | Chevron U.S.A. Inc | | | | | | |
| | | 985-773-6088 | | | | | | |
| | | kzss@chevron.com | | | | | | |
| | | Lead Well Engineer Kristof Igloi | | | | | | |
| | | 805-395-9949 | | | | | | |
| | | kristof.igloi@beacon-west.com | | | | | | |
| | | Project Specialist | | | | | | |

Page:

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of

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OMB Control Number 1014-0026 OMB Approval Expires 07/31/2020

Application for Permit to Modify (APM)

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 complete and accurate to the

Name and Title Date
Katie Preskitt, Technical Assistant 01-APR-2019

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.

Page:

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