## Application for Permit to Modify (APM)

Application Status Approved     Operator 02531 DCOR, L.L.C.       Pay.gov     Agency     Pay.gov       Amount: \$125.00     Tracking ID: FWL-APM-190042     Pay.gov       General Information     Approval Dt 08-DEC-2016     Approved By John Kaiser       Submitted Dt 01-DEC-2016     Well Status Completed     Water Depth 205       Surface Lease P00216     Area     LA     Block       Approval Comments     CoAs:     6862       Notify the Permitting Section at least 24 hours in advance of beginning these approved operations and of any required BOP tests.     Fermit Primary Type Workover       Permit Primary Type Workover     Permit Subtype(s)     Arrifical Lift       Change Tubing     Operadot detailed procedure.     Procedural Marrative       Subsurface Safety Valve     Type     ABS Date     Coast Guard Date       Subsurface Safety Valve     Type     ABS Date     Coast Guard Date       DCOR RIG #10     44501     PLATFORM     High       Rams     2.875     5000     250     2500       Date Commonics     5000     250     2500       Paret Barbard Marker Date     5000     250     2500       Paret Barbard Date     5000     250     2500       Paret Barbard Date     5000     250     2500       Paret Barbard Date     5000 <th>Lease P00216 Area L</th> <th>A <b>Block</b> 6862</th> <th>2 Well Name S</th> <th>021 <b>ST</b> 00</th> <th>BP 00 Type</th> <th>Development</th>	Lease P00216 Area L	A <b>Block</b> 6862	2 Well Name S	021 <b>ST</b> 00	BP 00 Type	Development
Amount: \$125.00 Tracking ID: EWL-APM-190042 Tracking ID: 25VADG2T General Information API 04311205500 Approval Dt 08-DEC-2016 Approved By John Kaiser Submitted Dt01-DEC-2016 Well Status Completed Water Depth 205 Sufface Lease P00216 Area LA Block Approval Comments COAs: Notify the Permitting Section at least 24 hours in advance of beginning these approved operations and of any required BOP tests. Correction Narrative Permit Subscription Replace ESP and tubing, see attached detailed procedure. Procedural Narrative See attached detailed procedures. Subsurface Safety Valve Type Installed SCSSV Feet below Mudline 238 Maximum Anticipated Surface Pressure (psi) Shut-In Tubing Pressure (psi) Shut-In Tubing Pressure (psi) Shut-In Tubing Pressure (psi) Shut-In Tubing Pressure (psi) Slowout Preventers Preventer Size Working Pressure Low High Rams 2.875 5000 250 2500 Pate Commends Mork (mm/dd/yyyy) 20-DEC-2016 Estimated duration of the operation (days) 10 Verbal Approval Information Number Question Num	Application Status Ap	proved	Operator 02531 D	COR, L.L.C.		
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Submitted Dt 01-DEC-2016 Well Status Completed Water Depth 205 Surface Lease P00216 Area LA Block 6862 Approval Comments COAs: Notify the Permitting Section at least 24 hours in advance of beginning these approved operations and of any required BOP tests. Correction Narrative Permit Subtype(s) Artifical Lift Change Tubing Operation Description Replace ESP and tubing, see attached detailed procedure. Procedural Narrative See attached detailed procedures. Subsurface Safety Valve Type Installed Surface Pressure (psi) Shut-In Tubing Pressure (psi) Rig Information Name Id Type AES Date Coast Guard Date COCR RIG #10 44501 PLATFORM Blowout Preventers Preventer Size Working Pressure Low High Rams 2.875 5000 250 2500 Date Commencing Work (mm/dd/yyyy) 20-DEC-2016 Estimated duration of the operation (days) 10 Verbal Approval Information Date (mm/dd/yyyy) Cuestions Number Cuestion I Is H2S present in the well? If Yes, then comment on the I Is H2S present in the well? If Yes SCBA and H2S SENSORS PER ESEE REGULATIONS	General Informatio	n				
Surface Lease P00216     Area     LA     Block     6862       Approval Comments     COAs:     Notify the Permitting Section at least 24 hours in advance of beginning these approved operations and of any required BOP tests.     Correction Narrative       Permit Primary Type Workover     Permit Subtype(s)     Artifical Lift     Change Tubing       Coperation Description     Replace ESP and tubing, see attached detailed procedure.     Procedural Narrative       See attached detailed procedures.     Suburface Safety Valve     Type Installed SCSSV       Feet below Mudline 238     Maximum Anticipated Surface Pressure (psi)     Shut-In Tubing Pressure (psi)       Shurin Three Id Comments     Test Pressure       Preventer     Size     Working Pressure Low       Blowout Preventers     Test Pressure       Preventer     Size     Working Pressure Low       Rams     2.875     5000     250       Annular     5000     250     2500       Date Commencing Work (mm/dd/yyyy)     20-DEC-2016     Estimated duration of the operation (days) 10       Verbal Approval Information     Date (mm/dd/yyyy)       Outsitions     Response Response Text       I     Is H2S present in the well? If yes, then comment on the inclusion of a Contingency Plan     SCBA and H2S SENSORS PER BSEE	<b>API</b> 043112055000	Appro	val Dt 08-DEC-20	16	Approved By	John Kaiser
6862         Approval Comments       6862         Approval Comments       6862         Notify the Permitting Section at least 24 hours in advance of beginning these approved operations and of any required BOP tests.       6862         Correction Narrative       Permit Primary Type Workover         Permit Subtype(s)       Artifical Lift         Change Tubing       Description         Replace ESP and tubing, see attached detailed procedure.       Procedural Narrative         See attached detailed procedures.       Subsurface Safety Valve         Type Installed SCSV       Peet below Mudline 238         Maximum Anticipated Surface Pressure (psi)       Shut-In Tubing Pressure (psi)         Shut-In Tubing Pressure (psi)       Shut-In Tubing Pressure (psi)         Slowout Preventers       Test Pressure         Preventer       Size Working Pressure Low High Rams         Rams       2.875 5000       250 2500         Annular       5000       250 2500         Date Commencing Work (mm/dd/yyyy) 20-DEC-2016       Estimated duration of the operation (days) 10         Verbal Approval Information       Official       Date (mm/dd/yyyy)         Questions       Response Response Text       REGULATIONS         1       Is H2S present in the well? If yes, then c	Submitted Dt 01-DEC-20	16 <b>Well</b>	Status Completed		Water Depth	205
COAs: Notify the Permitting Section at least 24 hours in advance of beginning these approved operations and of any required BOP tests. Correction Narrative Permit Primary Type Workover Permit Subtype(s) Artifical Lift Change Tubing Operation Description Replace ESP and tubing, see attached detailed procedure. Procedural Narrative See attached detailed procedures. Subsurface Safety Valve Type Installed SCSSV Feet below Mudline 238 Maximum Anticipated Surface Pressure (psi) Shut-In Tubing Pressure (psi) Shut-In Tubing Pressure (psi) Shut-In Tubing Pressure (psi) Rig Information Name Id Type ABS Date Coast Guard Date DCOR RIG #10 44501 PLATFORM Blowout Preventers Test Pressure Preventer Size Working Pressure Low High Rams 2.875 5000 250 2500 Date Commencing Work (mm/dd/yyyy) 20-DEC-2016 Estimated duration of the operation (days) 10 Verbal Approval Information Official Date (mm/dd/yyyy) Questions Number Question Response Response Text I Is H28 present in the well? If Yes, then comment on the inclusion of a Contingency Plan	Surface Lease P00216	Area	LA		Block	6862
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Type Installed SCSSV         Feet below Mudline 238         Maximum Anticipated Surface Pressure (psi)         Shut-In Tubing Pressure (psi)         Rig Information         Name       Id       Type       ABS Date       Coast Guard Date         DCOR RIG #10       44501       PLATFORM       ABS Date       Coast Guard Date         Blowout Preventers       Test Pressure       Preventer       Size       Working Pressure       Low       High         Rams       2.875       5000       250       2500       2500         Annular       5000       250       2500       2500         Date Commencing Work (mm/dd/yyyy) 20-DEC-2016       Estimated duration of the operation (days) 10       Verbal Approval Information official       Date (mm/dd/yyyy)         Questions       Response Response Text       I       Is H2S present in the well? If yes       SCBA and H2S SENSORS PER BSEE         REGULATIONS       REGULATIONS       REGULATIONS       REGULATIONS	Permit Subtype(s) Artifical Lift Change Tubing Operation Description Replace ESP and tubin Procedural Narrative	g, see attach	ed detailed proc	edure.		
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Preventer       Size       Working Pressure       Low       High         Rams       2.875       5000       250       2500         Annular       5000       250       2500         Date Commencing Work (mm/dd/yyyy)       20-DEC-2016         Estimated duration of the operation (days)       10         Verbal Approval Information       Official         Official       Date (mm/dd/yyyy)         Questions       Response Response Text         1       Is H2S present in the well? If yes, then comment on the inclusion of a Contingency Plan       YES				ABS	Date Co	past Guard Date
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Questions     Response     Response     Text       1     Is H2S present in the well? If yes, then comment on the inclusion of a Contingency Plan     Yes     SCBA and H2S SENSORS PER BSEE	Verbal Approval In	formation				
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yes, then comment on the REGULATIONS inclusion of a Contingency Plan						
	yes, then com	ment on the a Contingency			SENSORS PER	BSEE

## Application for Permit to Modify (APM)

Questio	ons			
-	Question		Response	Response Text
2	Is this proposed only lease holdin the subject lease comment.	ng activity for	NO	
3	Will all wells in and related produ be shut-in when m off of an offshor from well to well platform? If not, explain.	nction equipment noving on to or re platform, or . on the	NO	SOLID STEEL DECK BETWEEN DRILL DECK ANI WELLBAY.
4	Are you downhole commingling two or more reservoirs?		N/A	
5	within 500 feet o	Till the completed interval be within 500 feet of a lease or unit boundary line? If yes, hen comment.		
6	casings be cut 15	rmanent abandonment, will be cut 15 feet below the ? If no, then comment.		
7 Will the proposed operation be covered by an EPA Discharge Permit? (Please provide permit number in comments for this question)		YES	CAG 280000	
		A	TACHMENT	'S
<b>'ile Tyr</b> odf		l <b>le Description</b> oposed Wellbore	Schematic	
pdf Current Wellbore		rrent Wellbore S	chematic	
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pdf Gilda S-21 Well Inf		formation		
odf Variance for Workov		ver		
pdf APM Variance				
pdf BOP Schematic				
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			CONTACTS	
Name	da	le bradley		
Company		OR, L.L.C.		
Phone Number 805-535-2085				
E-mail .		pradley@dcorllc.c	om	
	Description			
		vid Cohen		
	DC	OR, L.L.C.		

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## Application for Permit to Modify (APM)

Approved	Operator							
	Operator	02531	DCOR,	L.L.	C.			
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dcohen@c	dcorllc.com							
Timiler	Gummored							
805-535-	-2061							
jsummers	@dcorllc.com	n						
	dcohen@c Jimilyn DCOR, L 805-535-	805-535-2028 dcohen@dcorllc.com Jimilyn Summers DCOR, L.L.C. 805-535-2061	805-535-2028 dcohen@dcorllc.com Jimilyn Summers DCOR, L.L.C.	dcohen@dcorllc.com Jimilyn Summers DCOR, L.L.C. 805-535-2061	805-535-2028 dcohen@dcorllc.com Jimilyn Summers DCOR, L.L.C. 805-535-2061	805-535-2028 dcohen@dcorllc.com Jimilyn Summers DCOR, L.L.C. 805-535-2061	805-535-2028 dcohen@dcorllc.com Jimilyn Summers DCOR, L.L.C. 805-535-2061	805-535-2028 dcohen@dcorllc.com Jimilyn Summers DCOR, L.L.C. 805-535-2061

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 ci

Name and Title

Date

limilyn Summers, Well Operations Technicia

01-DEC-2016

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.