

Application for Permit to Modify (APM)

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|-----------------------------|----------------------------|------------------------------|--|
| 1. WELL NAME (CURRENT) | 2. SIDETRACK NO. (CURRENT) | 3. BYPASS NO. (CURRENT) | 4. OPERATOR NAME and ADDRESS <i>(Submitting office)</i> |
| 5. API WELL NO. (12 digits) | 6. START DATE (Proposed) | 7. ESTIMATED DURATION (DAYS) | |

| | |
|--------------------------------------|-------------------------------|
| 8. <input type="checkbox"/> Revision | 9. If revision, list changes: |
|--------------------------------------|-------------------------------|

| WELL AT TOTAL DEPTH | WELL AT SURFACE |
|---------------------|-----------------|
| 10. LEASE NO. | 13. LEASE NO. |
| 11. AREA NAME | 14. AREA NAME |
| 12. BLOCK NO. | 15. BLOCK NO. |

Proposed or Completed Work

16. PROPOSED OR COMPLETED WORK (Describe in Section 17)

PLEASE SELECT ONLY ONE PRIMARY TYPE IN BOLD AND AS MANY SECONDARY TYPES AS NECESSARY.

| | | |
|---|---|--|
| <input type="checkbox"/> Completion <input type="checkbox"/> Initial Completion <input type="checkbox"/> Reperforation <input type="checkbox"/> Change Zone <input type="checkbox"/> Modify Perforations <input type="checkbox"/> Utility <input type="checkbox"/> Other Completion <input type="checkbox"/> Initial Injection Well <input type="checkbox"/> Additional Fluids for Injection <input type="checkbox"/> Other Utility | <input type="checkbox"/> Workover: <input type="checkbox"/> Change Tubing <input type="checkbox"/> Casing Pressure Repair <input type="checkbox"/> Other Workover <input type="checkbox"/> Abandonment of Well Bore: <input type="checkbox"/> Permanent Abandonment <input type="checkbox"/> Temporary Abandonment <input type="checkbox"/> Plugback to Sidetrack/Bypass <input type="checkbox"/> Site Clearance <input type="checkbox"/> Zone Isolation <input type="checkbox"/> Other Abandonment | <input type="checkbox"/> Enhance Production <input type="checkbox"/> Acidize <input type="checkbox"/> Other Enhance Production <input type="checkbox"/> Artificial Lift <input type="checkbox"/> Wash/Desand Well <input type="checkbox"/> Jet Well <input type="checkbox"/> Hydraulic Fracturing <input type="checkbox"/> Information: <input type="checkbox"/> Surface Location Plat <input type="checkbox"/> Change Well Name <input type="checkbox"/> Other Information |
|---|---|--|

17. BRIEFLY DESCRIBE PROPOSED OPERATIONS (Attach prognosis):

18. LIST ALL ATTACHMENTS (Attach complete well prognosis and attachments required by 30 CFR 250.465; 250.513(a); 250.513(b); 250.518(f); 250.613(a) through (c); 250.616(a)(4); 250.619(f); 250.701; 250.702; 250.713(a) through (e); 250.713(g); 250.720(b); 250.721(g)(4); 250.730(a) 250.731; 250.733(b)(2)(i); 250.734(a)(7); 250.734(b)(1); 250.737(d)(2)(i); 250.737(d)(3)(ii); 250.737(d)(4)(ii); 250.737(d)(12)(i); 250.738(b)(4); 250.738(f); 250.738(i) and (j); 250.738(m) through (n); 250.738(o); 250.1706(a)(4); 250.1712; 250.1721(a); 250.1721(g); 250.1722(a); 250.1722(d); or 250.1743(a).

19. Rig Name or Primary Unit (e.g., Wireline Unit, Coil Tubing, Snubbing Unit, etc.)

| | | |
|---|---|------------------------|
| 20. The greater of SITP or MASP (psi) and, if subsea well, the greater of SIWHP or MAWHP (psi): | 21. Type of Safety Valve (SV): _____ SCSSV _____ SSCSV _____ N/A | 22. SV Depth BML (ft): |
|---|---|------------------------|

| 23. Rig BOP (Rams) | | | 24. Rig BOP (Annular) | |
|--------------------|---------------------------|------------------------|---------------------------|------------------------|
| Size: (inches) | Working Pressure (psi) | Test Pressure (psi) | Working Pressure (psi) | Test Pressure (psi) |
| _____ | _____ | Low/High: _____ | _____ | Low/High: _____ |

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| | | |
|---|---|---|
| 25. Coiled Tubing BOP: Working Pressure (psi) _____ BOP Test Pressure (psi) _____ Low/High: _____ | 26. Snubbing Unit BOP: Working Pressure (psi) _____ Test Pressure (psi) _____ Low/High: _____ | 27. Wireline Lubricator: Working Pressure (psi) _____ Test Pressure (psi) _____ Low/High: _____ |
| 28. Wireline BOP: Working Pressure (psi) _____ BOP Test Pressure (psi) _____ Low/High: _____ | This is space is currently blank | |
| 29. CONTACT NAME: _____ | | |
| 30. CONTACT TELEPHONE NO.: _____ | | 31. CONTACT E-MAIL ADDRESS: _____ |
| 32. AUTHORIZING OFFICIAL (Type or print name) _____ | | 33. TITLE _____ |
| 34. AUTHORIZING SIGNATURE _____ | | 35. DATE _____ |
| THIS SPACE FOR BSEE USE ONLY | | |
| APPROVED BY: _____ | TITLE _____ | DATE _____ |

| 36) Questions | Response | Remarks |
|---|---|---------|
| A) Is H ₂ S present in the well? If yes, then comment on the inclusion of a Contingency Plan for this operation. | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | |
| | | |
| B) Is this proposed operation the only lease holding activity for the subject lease? If yes, then comment. | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | |
| | | |
| 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. | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | |
| | | |
| D) If sands are to be commingled for this completion, has approval been obtained? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | |
| | | |
| E) Will the completed interval be within 500 feet of a block line? If yes, then comment. | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | |
| | | |
| F) For permanent abandonment, will casings be cut 15 feet below the mudline? If no, then comment. | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | |
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36) Con't

| Questions | Response | Remarks |
|---|---|---------|
| 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? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | |
| | | |
| H) Will digital BOP testing be used for this operation? If "yes", state which version in the comment box? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 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 as discussed in section #18, include in the attachments. | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | |
| | | |
| 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, and use specific parameters while lifting tubulars and/or casing out of the well. This documentation must be maintained by the lessee at the lessee's field office. | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | |
| | | |
| K) Will the proposed operation be covered by an EPA Discharge Permit? (Please provide permit number comments for this question). | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | |
| | | |
| L) Will you be using multiple size workstring/ tubing/coil tubing/snubbing/wireline? If yes, attach a list of all sizes to be used including the size, weight, and grade. | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | |
| | | |
| 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? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | |

CERTIFICATION: I certify that the information submitted is complete and accurate to the best of my knowledge. I understand that making a false statement may subject me to criminal penalties under 18 U.S.C. 1001.

Name and Title: _____ Date: _____

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