

### Application for Permit to Modify (APM)

|                                    |                |   |                       |              |              |                         |
|------------------------------------|----------------|---|-----------------------|--------------|--------------|-------------------------|
| <b>Lease</b> P00205                | <b>Area</b> LA | <b>Block</b> 6912                                   | <b>Well Name</b> E011 | <b>ST</b> 00 | <b>BP</b> 01 | <b>Type</b> Development |
| <b>Application Status</b> Approved |                | <b>Operator</b> 03539 Beacon West Energy Group, LLC |                       |              |              |                         |

|                         |                                    |                              |
|-------------------------|------------------------------------|------------------------------|
| <b>Pay.gov</b>          | <b>Agency</b>                      | <b>Pay.gov</b>               |
| <b>Amount:</b> \$145.00 | <b>Tracking ID:</b> EWL-APM-243971 | <b>Tracking ID:</b> 271UROHS |

|                                 |  |                                |      |
|---------------------------------|--|--------------------------------|------|
| <b>General Information</b>      |  |                                |      |
| <b>API</b> 043112068200         | <b>Approval Dt</b> 01-MAY-2023           | <b>Approved By</b> Carl Lakner |      |
| <b>Submitted Dt</b> 21-APR-2023 | <b>Well Status</b> Temporarily Abandoned | <b>Water Depth</b> 739         |      |
| <b>Surface Lease</b> P00205     | <b>Area</b> LA                           | <b>Block</b>                   | 6912 |

**Approval Comments**

**Correction Narrative**

**Permit Primary Type** Abandonment Of Well Bore

**Permit Subtype(s)**

Permanent Abandonment

Proposed or  Completed Work

**Operation Description**

**Procedural Narrative**

See attached procedure

**Subsurface Safety Valve**

**Type Installed** N/A

**Feet below Mudline**

**Maximum Anticipated Surface Pressure (psi)**

**Shut-In Tubing Pressure (psi)** 0

**Maximum Anticipated Wellhead Pressure (psi)**

**Shut-In Wellhead Pressure (psi)** 0

|                          |           |                   |                 |                         |
|--------------------------|-----------|-------------------|-----------------|-------------------------|
| <b>Rig Information</b>   |           |                   |                 |                         |
| <b>Name</b>              | <b>Id</b> | <b>Type</b>       | <b>ABS Date</b> | <b>Coast Guard Date</b> |
| * NON RIG UNIT OPERATION | 50941     | Non-rig PA Operat | 31-DEC-2049     | 31-DEC-2049             |

|                           |             |                         |                       |             |
|---------------------------|-------------|-------------------------|-----------------------|-------------|
| <b>Blowout Preventers</b> |             |                         |                       |             |
|                           |             |                         | --- Test Pressure --- |             |
| <b>Preventer</b>          | <b>Size</b> | <b>Working Pressure</b> | <b>Low</b>            | <b>High</b> |

**Date Commencing Work (mm/dd/yyyy)** 19-APR-2023

**Estimated duration of the operation (days)** 30

|                                    |                          |
|------------------------------------|--------------------------|
| <b>Verbal Approval Information</b> |                          |
| <b>Official</b>                    | <b>Date (mm/dd/yyyy)</b> |

|                  |   |                 |   |
|------------------|---|-----------------|---|
| <b>Questions</b> |   |                 |   |
| <b>Number</b>    | <b>Question</b>   | <b>Response</b> | <b>Response Text</b>                            |
| 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 in place for Gail platform |

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**Questions**

| Number | Question  | Response | Response Text |
|--------|---|----------|---------------|
| B      | Is this proposed operation the only lease holding activity for the subject lease? If yes, then comment.   | 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.                                      | YES      |               |
| 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.  | YES      |               |
| 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? | N/A      |               |
| 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.       | YES      |               |

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**Questions**

| Number | Question  | Response | Response Text |
|--------|---|----------|---------------|
| K      | Will the proposed operation be covered by an EPA Discharge Permit? (Please provide permit number comments for this question).   | YES      | CAG280000     |
| 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. | NO       |               |
| 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       | Gail E-11 PA Procedure.pdf  |
| pdf       | Proposed Wellbore Schematic |
| pdf       | Current Wellbore Schematic  |
| pdf       | Beacon DNA                  |

**CONTACTS**

|                            |  |
|----------------------------|--|
| <b>Name</b>                | Katie Preskitt   |
| <b>Company</b>             | Chevron U.S.A. Inc.  |
| <b>Phone Number</b>        | 985-773-7113   |
| <b>E-mail Address</b>      | lhvg@chevron.com   |
| <b>Contact Description</b> | David Beckmann<br>Chevron U.S.A. Inc.<br>985-773-6132<br>beckmann@chevron.com<br>Project Manager |

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 a

Name and Title

Date

Katie Preskitt, Technical Assistant

21-APR-2023

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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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### Variations Requested for this Permit

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