

Application for Permit to Modify (APM)

| | | | | | | |
|--|----------------|---|-----------------------|---|--------------|-------------------------|
| Lease P00301 | Area LB | Block 6488 | Well Name C023 | ST 00 | BP 00 | Type Development |
| Application Status Approved | | Operator 03126 Beta Operating Company, LLC | | | | |
| Pay.gov Amount: \$145.00 | | Agency Tracking ID: EWL-APM-248219 | | Pay.gov Tracking ID: 27677K3F | | |
| General Information | | | | | | |
| API 043122014200 | | Approval Dt 29-JUN-2023 | | Approved By Carl Lakner | | |
| Submitted Dt 22-JUN-2023 | | Well Status Completed | | Water Depth 700 | | |
| Surface Lease P00301 | | Area LB | | Block 6488 | | |
| Approval Comments | | | | | | |
| Correction Narrative | | | | | | |
| Permit Primary Type Workover | | | | | | |
| Permit Subtype(s) | | | | | | |
| Acidize | | | | | | |
| Change Tubing | | | | | | |
| <input type="checkbox"/> Proposed or <input type="checkbox"/> Completed Work | | | | | | |
| Operation Description | | | | | | |
| This Workover will change out the ESP and Tubing as well as clean out to the bottom of the Liner with coil. | | | | | | |
| Procedural Narrative | | | | | | |
| This Workover will change out the ESP and Tubing as well as clean out to the bottom of the Liner with coil. Then the Well will be treated with PAO103 and followed up with a DAD Acid Treatment (8,000 gallons of 15% HCl). A 3/8" Chemical Line will be run to the bottom of the ESP and a 1/2" Chemical Line to the Mud Line Packer. If only a single bonnet port and not DFS neck, 1/2" cap line will be run to the bottom of the shrouded motor. | | | | | | |
| SB4 Volume Calculation: 71.8 gals per foot over 941' of reservoir sand at a porosity of 26% yields an SB4 volume of 67,564 gallons. Job design calls for 8000 gallons of 15% HCL. | | | | | | |
| Subsurface Safety Valve | | | | | | |
| Type Installed SCSSV | | | | | | |
| Feet below Mudline 212 | | | | | | |
| Maximum Anticipated Surface Pressure (psi) 1400 | | | | | | |
| Shut-In Tubing Pressure (psi) | | | | | | |
| Maximum Anticipated Wellhead Pressure (psi) 1400 | | | | | | |
| Shut-In Wellhead Pressure (psi) | | | | | | |
| Rig Information | | | | | | |
| Name | Id | Type | ABS Date | Coast Guard Date | | |
| BETA RIG #2 | 36006 | PLATFORM | | | | |

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| Blowout Preventers | | | | |
|--------------------|------|------------------|-----------------------|------|
| Preventer | Size | Working Pressure | --- Test Pressure --- | |
| | | | Low | High |
| Rams | 2x5 | 5000 | 250 | 2350 |
| Annular | | 5000 | 250 | 2350 |
| Coil Tubing | | 10000 | 250 | 5000 |

Date Commencing Work (mm/dd/yyyy) 29-JUN-2023

Estimated duration of the operation (days) 11

| 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. | NO | |
| B | Is this proposed operation the only lease holding activity for the subject lease? If yes, then comment. | NO | |
| 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. | N/A | |
| 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. | NO | |
| 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 | |

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Questions

| Number | Question | Response | Response Text |
|--------|---|----------|---------------|
| H | Will digital BOP testing be used for this operation? If "yes", state which version in the comment box? | NO | |
| 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 | |
| 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 | Workover Program |
| pdf | Well C-23 CER |
| pdf | Well Test Information |
| pdf | Proposed Wellbore Schematic |
| pdf | Current Wellbore Schematic |
| pdf | Eureka BOP Data 1 of 4 |
| pdf | Eureka BOP Data 2 of 4 |
| pdf | Eureka BOP Data 3 of 4 |
| pdf | Eureka BOP Data 4 of 4 NEW BSR Certs |

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pdf Deviation Survey with Dog Leg Severity

CONTACTS

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|----------------------------|-----------------------------------|
| Name | Rebecca Altemus |
| Company | Beta Operating Company, LLC |
| Phone Number | 832-408-8652 |
| E-mail Address | rebecca.altemus@amplifyenergy.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 ci

| | |
|--|--------------------|
| Name and Title | Date |
| <u>Rebecca Altemus, Senior Staff Reservoir Eng</u> | <u>22-JUN-2023</u> |

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Variations Requested for this Permit

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