

Application for Permit to Modify (APM)

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|--|--------------------------|------|----|-----------------------|--------------------|-----------|------|-------------|---------------|----|----|------|-------------|
| Lease | P00234 | Area | LA | Block | 6709 | Well Name | A019 | ST | 00 | BP | 01 | Type | Development |
| Application Status | Approved | | | Operator | 02531 DCOR, L.L.C. | | | | | | | | |
| Pay.gov | Agency | | | Pay.gov | | | | | | | | | |
| Amount: | Tracking ID: 77044555053 | | | Tracking ID: 2703D1RC | | | | | | | | | |
| General Information | | | | | | | | | | | | | |
| API | 043112068600 | | | Approval Dt | 21-MAY-2025 | | | Approved By | Bethram Ofole | | | | |
| Submitted Dt | 15-MAY-2025 | | | Well Status | Completed | | | Water Depth | 289 | | | | |
| Surface Lease | P00234 | | | Area | LA | | | Block | 6709 | | | | |
| 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 or its designee. | | | | | | | | | | | | | |
| 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. 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 District Manager or its designee must be immediately notified of this pressure change and, an RPM must be submitted to document the change. | | | | | | | | | | | | | |
| 4. Notify the Permitting Section at least 72 hours in advance of beginning these approved operations AND of any required BOP tests AND of any plug testing or tagging. You MUST NOT proceed with these operations until an inspector can arrive to witness the testing OR the Permitting Section Chief or their designee waives the witnessing. | | | | | | | | | | | | | |
| 5. WAR reports are due no later than noon each Wednesday. | | | | | | | | | | | | | |
| Correction Narrative | | | | | | | | | | | | | |
| Permit Primary Type Abandonment Of Well Bore | | | | | | | | | | | | | |
| Permit Subtype(s) | | | | | | | | | | | | | |
| Temporary Abandonment | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Proposed or <input type="checkbox"/> Completed Work | | | | | | | | | | | | | |
| Operation Description | | | | | | | | | | | | | |
| Temporarily abandon well A-19 BP per CFR 250.1721. Permanent abandonment per CFR 250.1710-250.1716 will be carried out at a later date. | | | | | | | | | | | | | |
| Procedural Narrative | | | | | | | | | | | | | |
| Please see attached procedure | | | | | | | | | | | | | |
| Subsurface Safety Valve | | | | | | | | | | | | | |
| Type Installed SCSSV | | | | | | | | | | | | | |
| Feet below Mudline 317 | | | | | | | | | | | | | |
| Maximum Anticipated Surface Pressure (psi) 2560 | | | | | | | | | | | | | |
| Shut-In Tubing Pressure (psi) 1030 | | | | | | | | | | | | | |
| Maximum Anticipated Wellhead Pressure (psi) | | | | | | | | | | | | | |
| Shut-In Wellhead Pressure (psi) | | | | | | | | | | | | | |
| Rig Information | | | | | | | | | | | | | |

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| Name | Id | | | Type | | | ABS Date | | | Coast Guard Date | | | | |
| * COIL TUBING UNIT | | | | 45016 | | Coil Tubing | | | 31-DEC-2049 | | | 31-DEC-2049 | | |
| Blowout Preventers | | | | | | | | | | --- | | | Test Pressure --- | |
| Preventer | | Size | | Working Pressure | | | Low | | High | | | | | |
| Coil Tubing | | | | 10000 | | | 250 | | 3100 | | | | | |
| Date Commencing Work (mm/dd/yyyy) | | | | | | | | | | 16-JUN-2025 | | | | |
| Estimated duration of the operation (days) | | | | | | | | | | 3 | | | | |
| 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. | | | | | YES | | | | | | | | |
| D | If sands are to be commingled for this completion, has approval been obtained? | | | | | NO | | | | | | | | |
| 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. | | | | | NO | Conductor to be removed at a later date. | | | | | | | |
| 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). | YES | CA0110516 |
| 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 | Rig/Coil Tubing/Snubbing Unit BOP Schematic |
| pdf | Proposed Wellbore Schematic |
| pdf | Current Wellbore Schematic |
| pdf | A-19 BOPE Verification |
| pdf | A-19 Directional Survey |
| pdf | BOPE Shear Test |
| pdf | Habitat Field Rules |
| pdf | A-19 Lower Abandonment Procedure |
| pdf | A-19 APM Payment Confirmation |

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| Application Status | Approved | | | Operator | 02531 DCOR, L.L.C. | | | | | | | | |
| pdf A-19 Lower Abandonment PE Certification | | | | | | | | | | | | | |
| pdf Well A-19 CER | | | | | | | | | | | | | |
| CONTACTS | | | | | | | | | | | | | |
| Name | Micheal Vigil | | | | | | | | | | | | |
| Company | DCOR, L.L.C. | | | | | | | | | | | | |
| Phone Number | 661-741-9189 | | | | | | | | | | | | |
| E-mail Address | mvigil@dcorllc.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 |
| Micheal Vigil, Senior Abandonment/Drilling E | 15-MAY-2025 |

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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Variances Requested for this Permit

| | |
|----------------------|---|
| Variance Status: | APPROVED |
| Variance Type: | Alternate Compliance |
| Variance Title: | Eliminate bridge plug below mudline for TA |
| Regulation Number: | 30 CFR 250.1721(d) |
| Oper. Justification: | For safety reasons, DCOR proposes to leave this barrier out of the TA to monitor the well pressure and effectiveness of the zonal isolation before continuing to the upper well abandonment |
| BSEE Decision: | Approved. |
| Remarks: | 21-MAY-25 |

| | |
|----------------------|--|
| Variance Status: | APPROVED |
| Variance Type: | Alternate Compliance |
| Variance Title: | Cutting Device Alternative Compliance |
| Regulation Number: | 30 CFR 250.733(a)(1) |
| Oper. Justification: | Per DCOR's Well Control Plan for Flowing Wells, an alternative cutting device capable of shearing all planned auxiliary lines and ESP cable will be present on the rig floor at all times. |
| Variance Date: | Shear test provided does not demonstrate the capability to shear associated exterior lines, nor does it demonstrate the inability to shear associated exterior lines. The alternative cutting device that will be on location at all times is a set of manual shearing cable cutters designed to cut steel cable of 0.63" diameter, exceeding gauge requirements of any material it may be needed for. The specific device currently in inventory is Felco C16, however the make/model in use may vary depending upon availability if a replacement is sourced during the project. In this case, the design performance of the replacement device will meet or exceed the current device in inventory. |
| BSEE Decision: | Approved. |
| Remarks: | 21-MAY-25 |

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Existing Variances

No previously approved variances exist for this permit

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Reviews

| | |
|------------------|--|
| Review: | APM - District Production Engineering Review |
| Sent: | 19-MAY-25 |
| Review Started: | 20-MAY-25 |
| Review Finished: | 20-MAY-25 |
| Info Adequate: | Y |
| Review Remarks: | |

| | |
|------------------|-----------------------------------|
| Review: | BOP Control System Drawing Review |
| Sent: | 19-MAY-25 |
| Review Started: | 20-MAY-25 |
| Review Finished: | 20-MAY-25 |
| Info Adequate: | Y |
| Review Remarks: | |

| | |
|------------------|------------------------------------|
| Review: | CTU/Snubbing Control System Review |
| Sent: | 20-MAY-25 |
| Review Started: | 20-MAY-25 |
| Review Finished: | 20-MAY-25 |
| Info Adequate: | Y |
| Review Remarks: | |

| | |
|------------------|--------------------------------|
| Review: | Determination of NEPA Adequacy |
| Sent: | 20-MAY-25 |
| Review Started: | 20-MAY-25 |
| Review Finished: | 20-MAY-25 |
| Info Adequate: | Y |
| Review Remarks: | |