

Application for Permit to Modify (APM)

|  |              |      |    |                  |                           |                       |      |                  |               |    |    |      |             |
|--|--------------|------|----|------------------|---------------------------|-----------------------|------|------------------|---------------|----|----|------|-------------|
| Lease  | P00188       | Area | SM | Block            | 6636                      | Well Name             | H004 | ST               | 00            | BP | 00 | Type | Development |
| Application Status   | Approved     |      |    | Operator         | 03726 Sable Offshore Corp |                       |      |                  |               |    |    |      |             |
| Pay.gov  |              |      |    | Agency           |                           |                       |      | Pay.gov          |               |    |    |      |             |
| Amount:  | \$145.00     |      |    | Tracking ID:     | EWL-APM-256735            |                       |      | Tracking ID:     | 27OVAH0F      |    |    |      |             |
| General Information  |              |      |    |                  |                           |                       |      |                  |               |    |    |      |             |
| API  | 043112034400 |      |    | Approval Dt      | 02-JUL-2025               |                       |      | Approved By      | Bethram Ofole |    |    |      |             |
| Submitted Dt   | 16-JUN-2025  |      |    | Well Status      | Completed                 |                       |      | Water Depth      | 842           |    |    |      |             |
| Surface Lease  | P00188       |      |    | Area             | SM                        |                       |      | Block            | 6636          |    |    |      |             |
| 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. WAR reports are due no later than noon each Wednesday.  |              |      |    |                  |                           |                       |      |                  |               |    |    |      |             |
| Correction Narrative   |              |      |    |                  |                           |                       |      |                  |               |    |    |      |             |
|  |              |      |    |                  |                           |                       |      |                  |               |    |    |      |             |
| Permit Primary Type Completion   |              |      |    |                  |                           |                       |      |                  |               |    |    |      |             |
| Permit Subtype(s)  |              |      |    |                  |                           |                       |      |                  |               |    |    |      |             |
| Modify Perforations  |              |      |    |                  |                           |                       |      |                  |               |    |    |      |             |
| <input checked="" type="checkbox"/> Proposed or <input type="checkbox"/> Completed Work  |              |      |    |                  |                           |                       |      |                  |               |    |    |      |             |
| Operation Description  |              |      |    |                  |                           |                       |      |                  |               |    |    |      |             |
| Use electricline to add 405' MD of perforations, 324' in the US 60-90 and 81' in US 40-50.   |              |      |    |                  |                           |                       |      |                  |               |    |    |      |             |
| Procedural Narrative   |              |      |    |                  |                           |                       |      |                  |               |    |    |      |             |
| See attachment   |              |      |    |                  |                           |                       |      |                  |               |    |    |      |             |
| Subsurface Safety Valve  |              |      |    |                  |                           |                       |      |                  |               |    |    |      |             |
| Type Installed SCSSV   |              |      |    |                  |                           |                       |      |                  |               |    |    |      |             |
| Feet below Mudline 232   |              |      |    |                  |                           |                       |      |                  |               |    |    |      |             |
| Maximum Anticipated Surface Pressure (psi) 2443  |              |      |    |                  |                           |                       |      |                  |               |    |    |      |             |
| Shut-In Tubing Pressure (psi) 1200   |              |      |    |                  |                           |                       |      |                  |               |    |    |      |             |
| Maximum Anticipated Wellhead Pressure (psi) 1500   |              |      |    |                  |                           |                       |      |                  |               |    |    |      |             |
| Shut-In Wellhead Pressure (psi) 422  |              |      |    |                  |                           |                       |      |                  |               |    |    |      |             |
| Rig Information  |              |      |    |                  |                           |                       |      |                  |               |    |    |      |             |
| Name   |              | Id   |    | Type             |                           | ABS Date              |      | Coast Guard Date |               |    |    |      |             |
| Blowout Preventers   |              |      |    |                  |                           |                       |      |                  |               |    |    |      |             |
| Preventer  |              | Size |    | Working Pressure |                           | --- Test Pressure --- |      |                  |               |    |    |      |             |
| Wireline   |              |      |    | 5000             |                           | Low High              |      | 3500             |               |    |    |      |             |
| Date Commencing Work (mm/dd/yyyy) 03-JUL-2025  |              |      |    |                  |                           |                       |      |                  |               |    |    |      |             |

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|  |   |   |   |              |              |                         |
|--|---|---|---|--------------|--------------|-------------------------|
| <b>Lease</b> P00188                                  | <b>Area</b> SM  | <b>Block</b> 6636                         | <b>Well Name</b> H004                   | <b>ST</b> 00 | <b>BP</b> 00 | <b>Type</b> Development |
| <b>Application Status</b> Approved                   |   | <b>Operator</b> 03726 Sable Offshore Corp |   |              |              |                         |
| <b>Estimated duration of the operation (days)</b> 10 |   |   |   |              |              |                         |
| <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                                       | Approved H2S Contingency plan available |              |              |                         |
| 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                                       |   |              |              |                         |
| 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  |   |              |              |                         |

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| Questions           |   |      |    |          |                           |           |               |    |    |    |    |      |             |
| Number              | Question  |      |    |          |                           | Response  | Response Text |    |    |    |    |      |             |
| 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. |      |    |          |                           | N/A       |               |    |    |    |    |      |             |
| 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.   |      |    |          |                           | 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?   |      |    |          |                           | NO        |               |    |    |    |    |      |             |
| ATTACHMENTS         |   |      |    |          |                           |           |               |    |    |    |    |      |             |
| File Type           | File Description  |      |    |          |                           |           |               |    |    |    |    |      |             |
| pdf                 | Determination of NEPA Adequacy  |      |    |          |                           |           |               |    |    |    |    |      |             |
| pdf                 | H04 ST00 BP00 BSEE APM Procedure  |      |    |          |                           |           |               |    |    |    |    |      |             |
| CONTACTS            |   |      |    |          |                           |           |               |    |    |    |    |      |             |
| Name                | Ben Martin  |      |    |          |                           |           |               |    |    |    |    |      |             |
| Company             | Sable Offshore Corp   |      |    |          |                           |           |               |    |    |    |    |      |             |
| Phone Number        | 713-859-7391  |      |    |          |                           |           |               |    |    |    |    |      |             |
| E-mail Address      | bmartin@sableoffshore.com   |      |    |          |                           |           |               |    |    |    |    |      |             |
| Contact Description | Director of Completions   |      |    |          |                           |           |               |    |    |    |    |      |             |

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 c1

Name and Title

Date

Brian Hansen, Regulatory Advisor

16-JUN-2025

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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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**Variances Requested for this Permit**

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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:            | 17-JUN-25                                    |
| Review Started:  | 17-JUN-25                                    |
| Review Finished: | 17-JUN-25                                    |
| Info Adequate:   | Y  |
| Review Remarks:  |  |

|                  |                                |
|------------------|--------------------------------|
| Review:          | Determination of NEPA Adequacy |
| Sent:            | 17-JUN-25                      |
| Review Started:  | 17-JUN-25                      |
| Review Finished: | 02-JUL-25                      |
| Info Adequate:   | Y                              |
| Review Remarks:  |                                |