

Application for Permit to Modify (APM)

Lease P00301 **Area** LB **Block** 6488 **Well Name** C035 **ST** 00 **BP** 00 **Type** Development
Application Status Approved **Operator** 03126 Beta Operating Company, LLC

Pay.gov **Agency** **Pay.gov**
Amount: \$125.00 **Tracking ID:** EWL-APM-191842 **Tracking ID:** 261IMJ15

General Information
API 043122015200 **Approval Dt** 12-APR-2017 **Approved By** John Kaiser
Submitted Dt 29-MAR-2017 **Well Status** Completed **Water Depth** 700
Surface Lease P00301 **Area** LB **Block** 6488

Approval Comments
 COA's:
 1- Notify the Permitting section at least 24 hours in advance of beginning these approved operations and of any required BOP tests.
 2- WAR reports are due no later than noon on each Wednesday.

Correction Narrative

Permit Primary Type Enhance Production
Permit Subtype(s)
 Artificial Lift
 Change Tubing

Operation Description
 Replace ESP, change tubing and add 1/2" capillary string.

Procedural Narrative
 We will replace the ESP, change out the tubing and add a 1/2" capillary string. Please see C-35 Program and Wellbore Diagram for details.

Subsurface Safety Valve
Type Installed SCSSV
Feet below Mudline 250
Maximum Anticipated Surface Pressure (psi) 1400
Shut-In Tubing Pressure (psi)

Rig Information

Name	Id	Type	ABS Date	Coast Guard Date
BETA RIG #2	36006	PLATFORM		

Blowout Preventers

Preventer	Size	Working Pressure	--- Test Pressure ---	
			Low	High
Rams	2 x 5"	5000	250	2350
Annular		5000	250	2350

Date Commencing Work (mm/dd/yyyy) 19-APR-2017
Estimated duration of the operation (days) 6

Verbal Approval Information
Official **Date (mm/dd/yyyy)**

Questions

Number	Question	Response	Response Text
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Questions

Number	Question	Response	Response Text
1	Is H2S present in the well? If yes, then comment on the inclusion of a Contingency Plan for this operation.	NO	
2	Is this proposed operation the only lease holding activity for the subject lease? If yes, then comment.	NO	
3	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	
4	Are you downhole commingling two or more reservoirs?	NO	
5	Will the completed interval be within 500 feet of a lease or unit boundary line? If yes, then comment.	N/A	
6	For permanent abandonment, will casings be cut 15 feet below the mudline? If no, then comment.	N/A	
7	Will the proposed operation be covered by an EPA Discharge Permit? (Please provide permit number in comments for this question)	N/A	

ATTACHMENTS

File Type	File Description
pdf	BOP test procedure
pdf	Eureka BOP shear test and cert
pdf	S53 cert 2 of 2
pdf	S53 cert 2 or 2
pdf	BOP schematic
pdf	Proposed Wellbore Schematic
pdf	Current Wellbore Schematic
pdf	C-35 Deviation Survey
pdf	C-35 Tubing Detail
pdf	C-35 Program
pdf	C-35 Public Notice

CONTACTS

Name Cory Klett

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Application Status Approved		Operator 03126 Beta Operating Company, LLC				

Company		CONTACTS	
Phone Number			
E-mail Address	Beta Operating Company, LLC		
Contact Description	562-628-1543		
	cklett@memorialpp.com		
	Engineer		

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

Cory Klett, Drilling Engineer

29-MAR-2017

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.