

# PUBLIC INFORMATION

**U.S. Department of the Interior**  
Bureau of Safety and Environmental  
Enforcement (BSEE)

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OMB Control No. 1014-0026  
OMB Approval Expires 05/31/2017

## Application for Permit to Modify (APM)

|  |                            |  |                        |  |                              |  |  |
|--|----------------------------|--|------------------------|--|------------------------------|--|--|
| 1. WELL NAME (CURRENT)   |                            | 2. SIDETRACK NO. (CURRENT)                                 |                        | 3. BYPASS NO. (CURRENT)                        |                              | 4. OPERATOR NAME and ADDRESS<br><i>(Submitting office)</i> |  |
| 5. API WELL NO. (12 digits)  |                            | 6. START DATE (Proposed)                                   |                        | 7. ESTIMATED DURATION (DAYS)                   |                              |  |  |
| 8. <input type="checkbox"/> Revision   |                            | 9. If revision, list changes:                              |                        |  |                              |  |  |
| <b>WELL AT TOTAL DEPTH</b>   |                            |  |                        | <b>WELL AT SURFACE</b>                         |                              |  |  |
| 10. LEASE NO.  |                            |  |                        | 13. LEASE NO.                                  |                              |  |  |
| 11. AREA NAME  |                            |  |                        | 14. AREA NAME                                  |                              |  |  |
| 12. BLOCK NO.  |                            |  |                        | 15. BLOCK NO.                                  |                              |  |  |
| <b>PROPOSED OR COMPLETED WORK</b>  |                            |  |                        |  |                              |  |  |
| 16. PROPOSED OR COMPLETED WORK (Describe in Section 17)  |                            |  |                        |  |                              |  |  |
| <b>PLEASE SELECT ONLY ONE PRIMARY TYPE IN BOLD AND AS MANY SECONDARY TYPES AS NECESSARY.</b>   |                            |  |                        |  |                              |  |  |
| <b>Completion</b>  |                            | <b>Workover:</b>   |                        | <b>Enhance Production</b>                      |                              |  |  |
| <input type="checkbox"/> Initial Completion  |                            | <input type="checkbox"/> Change Tubing                     |                        | <input type="checkbox"/> Acidize               |                              |  |  |
| <input type="checkbox"/> Reperforation   |                            | <input type="checkbox"/> Casing Pressure Repair            |                        | <input type="checkbox"/> Artificial Lift       |                              |  |  |
| <input type="checkbox"/> Change Zone   |                            |  |                        | <input type="checkbox"/> Wash/Desand Well      |                              |  |  |
| <input type="checkbox"/> Modify Perforations   |                            |  |                        | <input type="checkbox"/> Jet Well              |                              |  |  |
|  |                            | <input type="checkbox"/> <b>Abandonment of Well Bore:</b>  |                        | <input type="checkbox"/> Hydraulic Fracturing  |                              |  |  |
| <input type="checkbox"/> <b>Utility</b>  |                            | <input type="checkbox"/> Permanent Abandonment             |                        | <input type="checkbox"/> <b>Information:</b>   |                              |  |  |
| <input type="checkbox"/> Initial Injection Well  |                            | <input type="checkbox"/> Temporary Abandonment             |                        | <input type="checkbox"/> Surface Location Plat |                              |  |  |
| <input type="checkbox"/> Additional Fluids for Injection   |                            | <input type="checkbox"/> Plugback to Sidetrack/Bypass      |                        | <input type="checkbox"/> Change Well Name      |                              |  |  |
| <input type="checkbox"/> <b>Other Operations</b>   |                            | <input type="checkbox"/> Site Clearance                    |                        |  |                              |  |  |
| <input type="checkbox"/> Describe Operation(s)   |                            |  |                        |  |                              |  |  |
| 17. BRIEFLY DESCRIBE PROPOSED OPERATIONS (Attach prognosis):   |                            |  |                        |  |                              |  |  |
| 18. LIST ALL ATTACHMENTS (Attach complete well prognosis and attachments required by 30 CFR 250.465; 250.513(a) through (d); 250.514(d); 250.516(a); 250.517(d)(8); 250.517(d)(9)(i); 250.613(a) through (d); 250.614(d); 250.616(a); 250.616(f)(4); 250.617(d); 250.617(h)(1); 250.617(h)(2)(i); 250.1706(a); 250.1706(f)(4); 250.1707(d); 250.1709; 250.1712(a) through (g); 250.1721(a); 250.1722(a); or 250.1743(a). |                            |  |                        |  |                              |  |  |
| 19. Rig Name or Primary Unit (e.g., Wireline Unit, Coil Tubing, Snubbing Unit, etc.)   |                            |  |                        |  |                              |  |  |
| 20. The greater of SITP or MASP (psi):   |                            | 21. Type of Safety Valve (SV): ___ SCSSV ___ SSSCV ___ N/A |                        |  | 22. SV Depth BML (ft): _____ |  |  |
| <b>23. Rig BOP (Rams)</b>  |                            |  |                        | <b>24. Rig BOP (Annular)</b>                   |                              |  |  |
| Size:<br>(inches)  | Working Pressure<br>(psi)  | Test Pressure<br>(psi)                                     |                        | Working Pressure<br>(psi)                      | Test Pressure<br>(psi)       |  |  |
| _____  | _____                      | _____  | Low/High: ____/____    | _____  | _____                        | Low/High: ____/____  |  |
| <b>25. Coiled Tubing BOP:</b>  |                            | <b>26. Snubbing Unit BOP:</b>                              |                        | <b>27. Wireline Lubricator:</b>                |                              |  |  |
| Working Pressure<br>(psi)  | BOP Test Pressure<br>(psi) | Working Pressure<br>(psi)                                  | Test Pressure<br>(psi) | Working Pressure<br>(psi)                      | Test Pressure<br>(psi)       |  |  |
| _____  | _____                      | _____  | _____                  | _____  | _____                        | Low/High: ____/____  |  |
| 28. CONTACT NAME:  |                            | 29. CONTACT TELEPHONE NO.:                                 |                        |  | 30. CONTACT E-MAIL ADDRESS:  |  |  |
| 31. AUTHORIZING OFFICIAL ( <i>Type or print name</i> )   |                            |  |                        | 32. TITLE                                      |                              |  |  |
| 33. AUTHORIZING SIGNATURE  |                            |  |                        | 34. DATE                                       |                              |  |  |
| <b>THIS SPACE FOR BSEE USE ONLY</b>  |                            |  |                        |  |                              |  |  |
| APPROVED BY:   |                            | TITLE  |                        |  | DATE                         |  |  |

# PUBLIC INFORMATION

## Application for Permit to Modify (APM) Information Sheet

| 35) Question Information  |   |         |
|---|---|---------|
| Questions   | Response  | Remarks |
| A) Is H <sub>2</sub> S present in the well? If yes, then comment on the inclusion of a Contingency Plan for this operation.   | <input type="checkbox"/> YES<br><input type="checkbox"/> NO<br><input type="checkbox"/> N/A |         |
|   |   |         |
| B) Is this proposed operation the only lease holding activity for the subject lease? If yes, then comment.  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO<br><input type="checkbox"/> 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. | <input type="checkbox"/> YES<br><input type="checkbox"/> NO<br><input type="checkbox"/> N/A |         |
|   |   |         |
| D) If sands are to be commingled for this completion, has approval been obtained?   | <input type="checkbox"/> YES<br><input type="checkbox"/> NO<br><input type="checkbox"/> N/A |         |
|   |   |         |
| E) Will the completed interval be within 500 feet of a block line? If yes, then comment.  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO<br><input type="checkbox"/> N/A |         |
|   |   |         |
| F) For permanent abandonment, will casings be cut 15 feet below the mudline? If no, then comment.   | <input type="checkbox"/> YES<br><input type="checkbox"/> NO<br><input type="checkbox"/> N/A |         |

**CERTIFICATION:** I certify that the information submitted is complete and accurate to the best of my knowledge. I understand that making a false statement may subject me to criminal penalties under 18 U.S.C. 1001.

Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_

David Cohen, VP of Production

**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. BSEE 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 250.197. 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 reviewing the instructions, completing and filling out this form only is estimated to average 1 hour per response. The burden for the attachments required in the form range from 10 minutes to 1.5 hours depending on the requirement. Direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, Bureau of Safety and Environmental Enforcement, 45600 Woodland Road, Sterling, VA 20166.