

### Application for Permit to Modify (APM)

<b>Lease</b> P00216	<b>Area</b> LA	<b>Block</b> 6862	<b>Well Name</b> S050	<b>ST</b> 01	<b>BP</b> 00	<b>Type</b> Development
<b>Application Status</b> Approved		<b>Operator</b> 02531 DCOR, L.L.C.				

<b>Pay.gov</b>	<b>Agency</b>	<b>Pay.gov</b>
<b>Amount:</b>	<b>Tracking ID:</b> 75657329674	<b>Tracking ID:</b> 26E07CEN

<b>General Information</b>		
<b>API</b> 043112052401	<b>Approval Dt</b> 18-JAN-2019	<b>Approved By</b> John Kaiser
<b>Submitted Dt</b> 14-JAN-2019	<b>Well Status</b> Completed	<b>Water Depth</b> 205
<b>Surface Lease</b> P00216	<b>Area</b> LA	<b>Block</b> 6862

**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 (NLTs), the approved (revised) Application for Permit to Modify (APM/RPM), and any written instructions or orders of the District Manager.  
 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 appropriate District must be immediately notified of this pressure change and a RPM submitted to document the change.  
 4) Notify the Permitting Section at Least 24 hours in advance of beginning these approved operations AND of any required BOP tests.  
 5) WAR reports are due no later than noon each Wednesday.

**Correction Narrative**

<b>Permit Primary Type</b> Completion
<b>Permit Subtype(s)</b>
Artificial Lift
Modify Perforations

**Operation Description**  
 See attachment "Proposed Action".

**Procedural Narrative**  
 See attached Procedure.

**Subsurface Safety Valve**

<b>Type Installed</b> SCSSV
<b>Feet below Mudline</b> 228
<b>Maximum Anticipated Surface Pressure (psi)</b>
<b>Shut-In Tubing Pressure (psi)</b> 260

<b>Rig Information</b>				
<b>Name</b>	<b>Id</b>	<b>Type</b>	<b>ABS Date</b>	<b>Coast Guard Date</b>
DCOR RIG #10	44501	PLATFORM		

<b>Blowout Preventers</b>				
<b>Preventer</b>	<b>Size</b>	<b>Working Pressure</b>	--- Test Pressure ---	
			<b>Low</b>	<b>High</b>
Rams	2.875	5000	250	3000

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**Application Status** Approved                      **Operator** 02531 DCOR, L.L.C.

Blowout Preventers				
Preventer	Size	Working Pressure	--- Test Pressure ---	
			Low	High
Annular		5000	250	3000

**Date Commencing Work (mm/dd/yyyy)** 25-JAN-2019

**Estimated duration of the operation (days)** 12

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

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.	NO	SOLID STEEL DECK BETWEEN DRILL DECK AND WELL BAYS, PER FIELD RULES.
4	Are you downhole commingling two or more reservoirs?	N/A	
5	Will the completed interval be within 500 feet of a lease or unit boundary line? If yes, then comment.	NO	
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)	NO	

#### ATTACHMENTS

File Type	File Description
pdf	Gilda S-50ST01 Proposed Action
pdf	Well S-50 Categorical Exclusion Review
pdf	Rig/Coil Tubing/Snubbing Unit BOP Schematic
pdf	Proposed Wellbore Schematic
pdf	Current Wellbore Schematic
pdf	Gilda S-50ST01 Procedure

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<b>Application Status</b> Approved		<b>Operator</b> 02531 DCOR, L.L.C.				

pdf	Gilda S-50St01 Well Information
pdf	Well Control Plan
pdf	APM Gilda S-50ST01 1-14-2019 Public Information
pdf	BSR Certificate
pdf	Inspection Certificate
pdf	Receipt APM Gilda S-50ST01 1-14-2019

#### CONTACTS

<b>Name</b>	Jimilyn Summers
<b>Company</b>	DCOR, L.L.C.
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<b>Contact Description</b>	
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	David Cohen
	DCOR, L.L.C.
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	dcohen@dcorllc.com

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

Jimilyn Summers, Well Operations Technicia

17-JAN-2019

## Application for Permit to Modify (APM)

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