Revised Permit to Modify (RPM)

Lease P00315	Area	a SM	Block	6575	Well	Name	A002	ST 01	BP 00	Туре	Development
Application St	atus	Appro	oved	OI	perator	03280	Freepo	ort-McMc	Ran Oil	& Gas	LLC
Pay.gov Amount:				Ageno Tracl	cy king ID	:			Pay.gov Tracking	ID:	
General Info	ormat	cion									
API 043112062:	201		2 4	pprova	1 Dt 08	3-OCT-	2019		Approv	ed By	John Kaiser
Submitted Dt 0	4-OCT-	-2019	W	Well St	atus Co	omplet	ed		Water	Depth	675
Surface Lease	P003	15	A	rea	SI	N			Block		6525

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.
- 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) Any casing or annuli that fails a pressure test or bubble test must be reported to the Permitting section and remediated before proceeding.
- 4) A revised PE certification is needed if (1) the plug type changes in any way including changes in cement properties, (2) any plug's setting depth (even the ones that are not required per 250.1715), changes ± 100 ' TVD, (3) the pressure test changes on any plug, (4) less cement is to be pumped, (5) more cement is to be pumped in order to isolate a hydrocarbon zone that was not anticipated in the original permit, (6) a remedial cement job is required that was not included in the original permit, or (7) any plug change that makes you deviate from the §250.1715 table.
- 5) You must have a PE certify these changes prior to these operations being performed. You must submit a revised permit with the PE certification for the revisions to this office within 72 hours.
- 6) 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.
- 7) At the end of this operation, a tree or dry hole tree must be installed for the purpose of monitoring all non-structural casing annuli that are tied back to the surface.
- 8) Data must be submitted with the End of Operations Report (EOR) to demonstrate that the fluid left in the hole meets 30 CFR 250.1715(a)9. Corrosion inhibitor and biocide are recommended additives but not required.
- 9) Notify the Permitting Section at Least 24 hours in advance of beginning these approved operations AND of any required BOP tests AND of any plug testing or tagging.
- 10) Results of all annuli testing and plug testing must be included with the EOR.
- 11) WAR reports are due no later than noon each Wednesday.
- 12) Initial movement of CTU equipment onto the platform must be reported in eWells.
- 13) A pre-workover rig (or CTU, or HWU) inspection must be done prior to APM startup of the first well with that equipment.
- 14) The Permitting section must be notified at least 24 hours in advance of pressure testing annuli or plugs so that they might witness same. The Permitting section must also be notified of any plug tags and bubble tests for the same reason.

Correction Narrative

Verbal approval was granted by Mr. John Keiser on 10/02/2019, please refer to attached

Page:

1

of

Revised Permit to Modify (RPM)

Lease P00315 Area SM Block 6575 Well Name A002 ST 01 BP 00 Type Development

Application Status Approved Operator 03280 Freeport-McMoRan Oil & Gas LLC

revised procedures and WBS.

Permit Primary Type Abandonment Of Well Bore

Permit Subtype(s)

Temporary Abandonment

Operation Description

Procedural Narrative

Please refer to attached procedures and WBS.

Subsurface Safety Valve

Type Installed SCSSV

Feet below Mudline 107

Maximum Anticipated Surface Pressure (psi) 1526

Shut-In Tubing Pressure (psi) 200

Rig Information

Name Id Type ABS Date Coast Guard Date * COIL TUBING UNIT 45016 31-DEC-2019 31-DEC-2019

Blowout Preventers Test Pressure						
	Preventer	Size	Working Pressure	Low	High	
	Wireline		5000		2500	
	Coil Tubing		10000	250	2500	

Date Commencing Work (mm/dd/yyyy) 29-APR-2019

Estimated duration of the operation (days) 15

Verbal Approval Information

Official Date (mm/dd/yyyy)

Mr. John Kaiser 02-OCT-2019

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.	YES	Previously submitted.				
2	Is this proposed operation the only lease holding activity for the subject lease? If yes, then comment.	N/A					
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					

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OMB Control Number 1014-0026 OMB Approval Expires 07/31/2020

Revised Permit to Modify (RPM)

Lease PO	0315 Area SM	Block 6575 Wel	L1 Name A0	02 ST 01	BP 00	Type De	velopment
Application Status Approved Operator 03280 Freeport-McMoRan Oil & Gas LLC							
Question Number	ons Question		Response	Response Te	======		
4	Are you downhole or more reservo	N/A					
5	Will the complewithin 500 feet unit boundary lathen comment.	of a lease or	N/A				
6	For permanent abandonment, will casings be cut 15 feet below the mudline? If no, then comment.		N/A				
7	Will the propose covered by an E Permit? (Please number in commen question)	PA Discharge provide permit	N/A				
		Al	TACHMENT	'S			
File Tyr pdf	F	File Description Rig/Coil Tubing/Sn		t BOP Schema	atic		
pdf Proposed Wellbore							
pdf Current Wellbore Sc			1				
pdf pdf							
			CONTACTS				
Name	ame Nancy Rodriguez						
Company	ompany Freeport-McMoRan Oil & Gas LLC						
Phone Number 281-539-7640							
E-mail .	E-mail Address nrodrigu@fmi.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 complete and accurate to the

Name and Title		Date	
	Nancy Rodriguez, Regulatory Technician	_	04-OCT-2019

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Page:

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