



Application for Permit to Modify (APM)

1. WELL NAME (CURRENT) BV001		2. SIDETRACK NO. (CURRENT) 00		3. BYPASS NO. (CURRENT) 00		4. OPERATOR NAME and ADDRESS (Submitting office) Shell Gulf of Mexico Inc. 3601 C Street, Suite 1000 Anchorage AK 99503	
5. API WELL NO. (12 digits) 553520000700		6. START DATE (Proposed) 14 August 2015		7. ESTIMATED DURATION (DAYS) 80			
8. <input type="checkbox"/> Revision		9. If revision, list changes: n/a					
WELL AT TOTAL DEPTH				WELL AT SURFACE			
10. LEASE NO. Y02324				13. LEASE NO. Y02324			
11. AREA NAME U3				14. AREA NAME U3			
12. BLOCK NO. 6915				15. BLOCK NO. 6915			
PROPOSED OR COMPLETED WORK							
16. PROPOSED OR COMPLETED WORK (Describe in Section 17) PLEASE SELECT ONLY ONE PRIMARY TYPE IN BOLD AND AS MANY SECONDARY TYPES AS NECESSARY.							
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Completion <input type="checkbox"/> Initial Completion <input type="checkbox"/> Reperforation <input type="checkbox"/> Change Zone <input type="checkbox"/> Modify Perforations Utility <input type="checkbox"/> Initial Injection Well <input type="checkbox"/> Additional Fluids for Injection <input checked="" type="checkbox"/> Other Operations <input checked="" type="checkbox"/> Describe Operation(s) </div> <div style="width: 30%;"> Workover: <input type="checkbox"/> Change Tubing <input type="checkbox"/> Casing Pressure Repair <input type="checkbox"/> Abandonment of Well Bore: <input type="checkbox"/> Permanent Abandonment <input type="checkbox"/> Temporary Abandonment <input type="checkbox"/> Plugback to Sidetrack/Bypass <input type="checkbox"/> Site Clearance </div> <div style="width: 30%;"> Enhance Production <input type="checkbox"/> Acidize <input type="checkbox"/> Artificial Lift <input type="checkbox"/> Wash/Desand Well <input type="checkbox"/> Jet Well <input type="checkbox"/> Hydraulic Fracturing Information: <input type="checkbox"/> Surface Location Plat <input type="checkbox"/> Change Well Name </div> </div>							
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). Request for Revisions to APD Approval							
19. Rig Name or Primary Unit (e.g., Wireline Unit, Coil Tubing, Snubbing Unit, etc.) Noble Discoverer							
20. The greater of SITP or MASP (psi): n/a		21. Type of Safety Valve (SV): <input type="checkbox"/> SCSSV <input type="checkbox"/> SSCSV <input checked="" type="checkbox"/> N/A		22. SV Depth BML (ft): n/a			
23. Rig BOP (Rams)				24. Rig BOP (Annular)			
Size: (inches) n/a		Working Pressure (psi) n/a		Test Pressure (psi) n/a		Low/High: n/a / n/a	
25. Coiled Tubing BOP: n/a		26. Snubbing Unit BOP: n/a		27. Wireline Lubricator: n/a			
Working Pressure (psi) n/a		BOP Test Pressure (psi) n/a		Working Pressure (psi) n/a		Test Pressure (psi) n/a	
Low/High: n/a / n/a		Low/High: n/a / n/a		Low/High: n/a / n/a		Low/High: n/a / n/a	
28. CONTACT NAME: Suzanne Moore		29. CONTACT TELEPHONE NO.: 907-770-3700		30. CONTACT E-MAIL ADDRESS: alaska@shell.com			
31. AUTHORIZING OFFICIAL (Type or print name) W. Sears				32. TITLE Regulatory Specialist			
33. AUTHORIZING SIGNATURE <i>W.A. Sears</i>				34. DATE 14 August 2015			
THIS SPACE FOR BSEE USE ONLY							
APPROVED BY: <i>Kenn J. Pendergast</i>		TITLE Regional Supervisor, Field Ops.		DATE 9/25/15			

Application for Permit to Modify (APM) Information Sheet

35) Question Information		
Questions	Response	Remarks
A) Is H ₂ S present in the well? If yes, then comment on the inclusion of a Contingency Plan for this operation.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <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 <input checked="" type="checkbox"/> NO <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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
D) If sands are to be commingled for this completion, has approval been obtained?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" 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 <input checked="" type="checkbox"/> NO <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 <input type="checkbox"/> NO <input checked="" 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: W. Sears, Regulatory Specialist Date: 14 August 2015

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