U.S. Department of the Interior

Bureau of Safety and Environmental Enforcement (BSEE) Submit ORIGINAL

OMB control Number 1014-0018
OMB Approval Expires 10/31/2017

WELL ACTIVITY REPORT

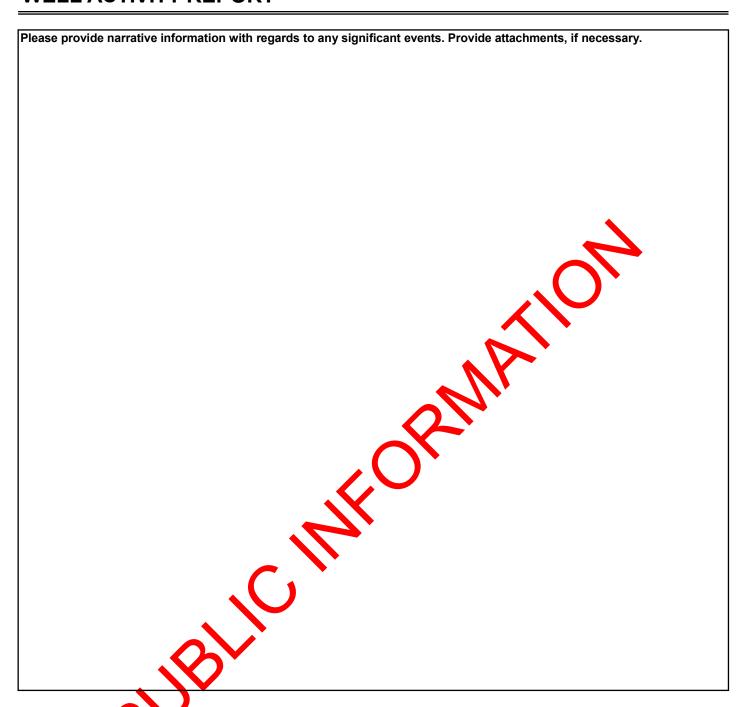
BEGINNING DATE: 08/21/2015 ENDING DATE: 08/21/2015

REPORT IS NOT TO EXCEED 7 DAYS (1 WEEK) IN DURATION

	CORRECTION					CHE	CHECK IF THIS IS THE LAST WELL ACTIVITY REPORT										
GENERAL INFORMATION																	
1. AP	1. API WELL NO. (10 digits) 2. OPERATOR NAME																
55-352-00004-00										Shell Gulf of Mexico Inc.							
3. WELL NAME 4. SIDETRACK NO. 5. BYPASS							NO.	6. CONTACT NAME / CONTACT TELEPHONE NUMBER / CONTACT E-MAIL ADDRESS									
BJ001 00					00			K. Long (907) 770-3700; regulatory-reporting@shell.com									
7. RIG NAME OR PRIMARY UNIT (e.g., wireline unit, coil tubing unit, etc.) TransOcean Polar Pioneer 8. WATER DEPTH 9. ELEVATION AT KB (surveyed) (ft) (Surveyed) (ft) 76												3					
10. CURRENT WELLBORE INFORMATION																	
SURFACE										ВОТТОМ							
LEAS	SE NO. AREA NAME			ME	BLOCK NO.					LEASE	NO.	11	BLOCK NO.				
ocs-	-Y 2321	Posey		эу		69	12 00		S-Y 232		21						
WEL	LBORE	STA DA		TD D	ATE	STATUS	END D	ATE	KOP (MD)	MD	TVĎ	MW PPG	LAST BOP TEST DATE	PRES	OP TEST SSURE		
						SU.								LOW	HIGH		
									N⁄Α				N/A	N/A	N/A		
		_		_	11.	WE	LLBO	RE	HISTO	RICA	INFO	RMA	TION				
WEL	WELLBORE BOTTOM LEASE STAF				RT	ATE	TDI	DATE	PA DATE		F	INAL MD	FINAL TVD				
		ocs	S-Y 2	2321	7												
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12. CASING / LINER / TUBING RECORD												
	HOLE		12. 01	ASING	TEST	SHOE						
TUBULAR TYPE	SIZE	SIZE (IN)	WEIGHT (#/ft)	GRADE	PRESSURE	TEST	SETTING DEPTH (MD)		CEMENT QUANTITY (cubic ft.)			
lif_	(IN)	(114)			(psi)	(EMW)	TOP	воттом	(Gubic It.)			
-	<u> </u>	\vdash				1						
						<u> </u>	<u> </u>					
							<u> </u>					
13. WELL ACTIVITY SUMMARY Provide a daily summary of well activities.												
							NA					
14. Open Hole Log Data												
	BSEE's Technical Data Management Section requires an Open Hole Well Report (Form BSEE-0133S) to accompany this Well Activity Report if any of the below conditions have occurred for this wellbore during this period: None of the following have occurred:											
	≬Wirel	ine lo	gs (Report when a	acquired)								
	≬Wirel	ine Di	rectionals (Report	t when acq	uired)							
	≬ Velo	ity Su	rveys, VSP's, Con	ventional (Cores, Rotary	and Percus	sion Sidewa	all Cores (Rep	oort when acquired)			
	≬ Com	pleted	MWD/LWD logs a	and Mudlog	ıs - (Report v	hen they are	completed	.)				
PVT, Paleontological and Geochemical Samples acquired for analysis (Report at completion of Borehole) Any of the above have occurred; if checked then submit Form BSEE-0133S.												
15. Significant Well Events												
Please ch	eck as mai	iy eve	ents from the list	t below:								
	Kick Occurr	ence			Well 0	Control Equipr	ment Failure					
	Shallow Wa	iter Flo	W		H ₂ S E	ncounter						
	Weather an	d Ocea	anographic Condition	ons	New 7	echnology Fa	ailure					
	General Rig	ı Equip	ment Failure		Stuck	Pipe						
	Lost Return	S			Wellbe	ore Integrity F	ailure					
$ \; \sqcup \; $	Station Kee	ping Fa	ailure		Other							



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: 22 August 2015

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 operations. 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 Forms BSEE-0133 and BSEE-0133S is approximately 1 hour per form per response. This includes 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, Bureau of Safety and Environmental Enforcement, 45600 Woodland Road, Sterling, VA 20166.