## **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: 08/23/2015 ENDING DATE: 08/23/2015

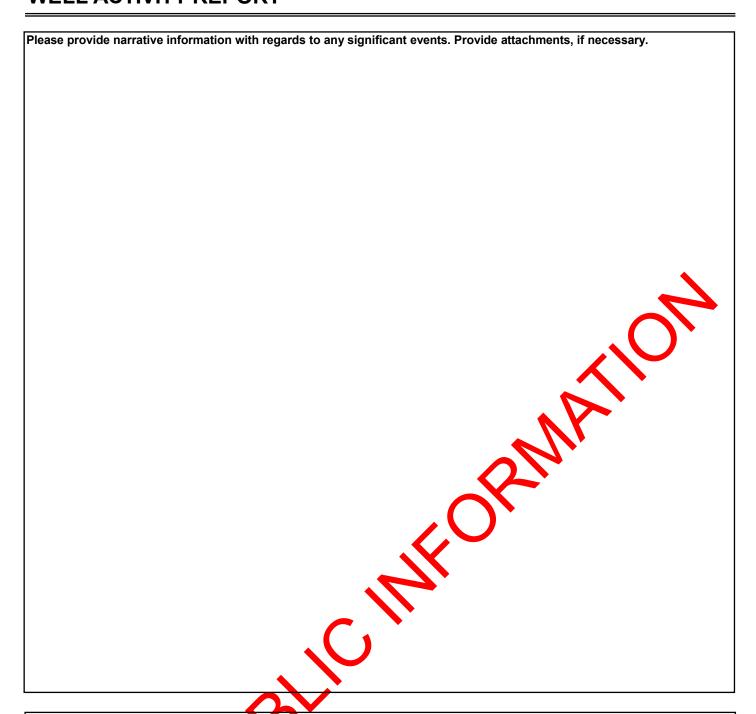
REPORT IS NOT TO EXCEED 7 DAYS (1 WEEK) IN DURATION

	CORRECTION					CHECK IF THIS IS THE LAST WELL ACTIVITY REPORT												
	GENERAL INFORMATION																	
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 I								5. BYP.	ASS	NO.	6. CONTACT NAME / CONTACT TELEPHONE NUMBER / CONTACT E-MAIL ADDRESS							
BJ001 00 00							K. Long (907) 770-3700; regulatory-reporting@she											
7. RIG NAME OR PRIMARY UNIT (e.g., wireline unit, coil tubing TransOcean Polar Pioneer										oing unit, e	8. WATER DEPTH 9. ELEVATION AT KB (surveyed) (ft) (Surveyed) (ft) (Surveyed) (ft)							
	10. CURRENT WELLBORE INFORMATION																	
	SURFACE										воттом							
LEA	SE	E NO. AREA NAME				BLOCK NO.				LEASE	ENO.	N	•	BLOCK NO.				
OC	S-Y	Posey		∍у		69	12 00		OC	S-Y 232		21		6912				
WE	ELLB	ORE	STA DA		TD D	ATE	STATUS	END D	ATE	KOP (MD)	MD	TVD	MW PPG	LAST BOP TEST DATE		OP TEST SSURE		
							SD.								LOW	HIGH		
									~	N/A				N/A	N/A	N/A		
						11	. WE	LLBC	RE	HISTO	RICA	<b>INFO</b>	RMA	TION		_		
WE	ELLB	LLBORE BOTTOM LEASE START DATE			ATE.	TD DATE			PA DATE		INAL MD	FINAL TVD						
			ocs	S-Y 2	2321													
				1														
				7														

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12. CASING / LINER / TUBING RECORD												
TUBULAR	HOLE SIZE	SIZE	WEIGHT (#/ft)	GRADE	TEST PRESSURE	SHOE TEST	SETTING DEPTH (MD		CEMENT QUANTITY			
TYPE	(IN)	(IN)	,		(psi)	(EMW)	TOP	BOTTOM	(cubic ft.)			
			4	2 WELL	A CTIV/ITV		DV					
13. WELL ACTIVITY SUMMARY  Provide a daily summary of well activities.												
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	cquired)								
			rectionals (Report	-	-	W						
	<b>≬</b> Velo	ity Su	rveys, VSP's, Con	ventional C	ores, Rotary	and Percus	sion Sidewa	all Cores (Rep	ort when acquired)			
Completed MWD/LWD logs and Mudlogs - (Report When 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	ny eve	ents from the list	below:								
	Kick Occurr	ence	0~	[	Well C	ontrol Equipr	nent Failure					
	Shallow Wa	iter Flow			H <sub>2</sub> S Er	counter						
	Weather an	d Ocea	anographic Condition	ons [	New Te	echnology Fa	ilure					
	General Rig	j Equip	ment Failure	[	Stuck I	Pipe						
	Lost Return	s			Wellbo	re Integrity F	ailure					
	Station Kee	ping Fa	ailure		Other							

## **WELL ACTIVITY REPORT**



**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: 24 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.