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: 09/01/2015 ENDING DATE: 09/01/2015

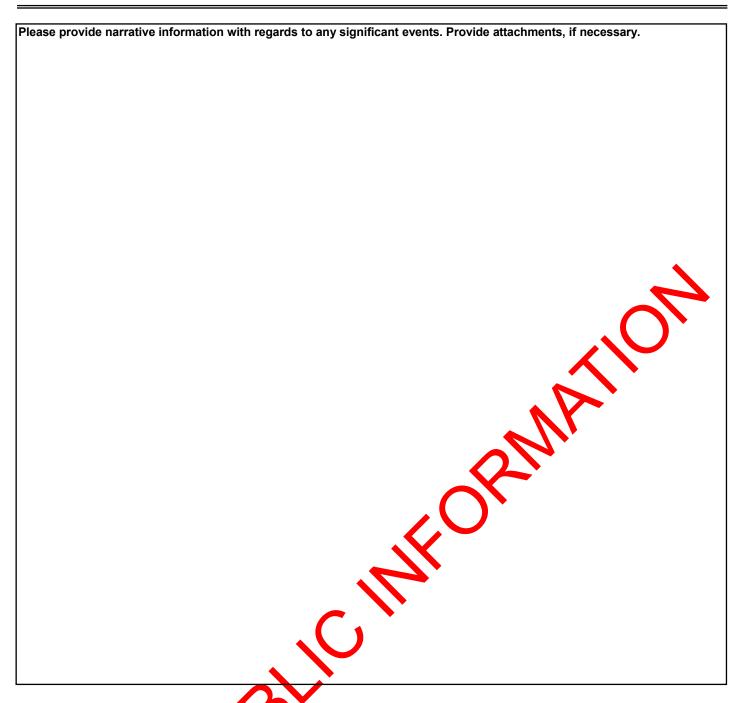
REPORT IS NOT TO EXCEED 7 DAYS (1 WEEK) IN DURATION

	COF	CORRECTION				CHECK IF THIS IS THE LAST WELL ACTIVITY REPORT											
							GE	NE	RAL IN	IFORM	IATION	1					
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							NO.	6. CONTACT NAME / CONTACT TELEPHONE NUMBER / CONTACT E-MAIL ADDRESS									
	BJ001 00 00							K. Long (907) 770-3700; regulatory-reporting@shell.c									
7. RIG NAME OR PRIMARY UNIT (e.g., wireline unit, coil tub TransOcean Polar Pioneer									oing unit, e	9. FLEVATION AT KB (Surveyed) (ft) (Surveyed) (ft) 76							
					1	0. CI	JRRE	NT	WELL	BORE	INFOR	RMAT	ION				
SURFACE									ВОТТОМ								
LEAS	E NO.	NO. AREA NAME		ME	BLOCK NO.				LEASE NO.				•	BLOCK NO.			
ocs-	Y 2321	Posey		69		12 (OC	CS-Y 2321			6912					
WELI	BORE	START TD D		ATE STATUS		END DATE		KOP (MD)	MD	TVD	MW PPG	LAST BOP TEST DATE		OP TEST SSURE			
						SU								LOW	HIGH		
									N/A				N/A	N/A	N/A		
					11.	WE	LLBO	RE	HISTO	RICA	Ī INFO	RMA	TION				
WELLBORE B		BOTTOMLEASE			START DATE TD			DATE	PA DATE		F	INAL MD	FINAL TVD				
		ocs	S-Y 2	2321	\mathcal{X}												
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WELL ACTIVITY REPORT

12. CASING / LINER / TUBING RECORD												
TUBULAR	HOLE SIZE	SIZE		GRADE	TEST PRESSUR	SHOE		DEPTH (MD)	CEMENT QUANTITY			
TYPE	(IN)	(IN)	11210111 (<i>iii</i> 111)	010102	(psi)	(EMW)	TOP	BOTTOM	(cubic ft.)			
13. WELL ACTIVITY SUMMARY Provide a daily summary of well activities.												
Provide a daily summary of well activities.												
								. 5	(10)			
14. Open Hole Log Data												
BSEE's Technical Data Management Section requires an Open Hole Well Report (Form BSEE-0138S) 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:											
			gs (Report when a									
			rectionals (Report	-	uired)	V						
			-	-	-	y and Percus	sion Sidewa	all Cores (Rep	oort 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 a	above I	nave occurred; if ch	necked then	submit Form	BSEE-01335	S.					
15. Significant Well Events Please check as many events from the list below:												
- Tiease Cili	eck as iliai	iy eve	ints irom the is	welow.								
	Kick Occurr	ence			Well	Control Equipr	ment Failure					
	Shallow Wa	ter Flo	w		H ₂ S E	Encounter						
	Weather an	d Ocea	anographic Condition	ons	New '	Γechnology Fa	ailure					
	General Rig	Equip	ment Failure		Stuck	Pipe						
	Lost Return	S			Wellb	ore 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: K. Llovd Regulatory Assistant Date: 03 September 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.