

## WELL ACTIVITY REPORT

BEGINNING DATE: 09/12/2015      ENDING DATE: 09/12/2015

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

	<input type="checkbox"/> CORRECTION	<input type="checkbox"/> CHECK IF THIS IS THE LAST WELL ACTIVITY REPORT									
<b>GENERAL INFORMATION</b>											
1. API WELL NO. (10 digits) <b>55-352-00004-00</b>					2. OPERATOR NAME <b>Shell Gulf of Mexico Inc.</b>						
3. WELL NAME <b>BJ001</b>		4. SIDETRACK NO. <b>00</b>		5. BYPASS NO. <b>00</b>		6. CONTACT NAME / CONTACT TELEPHONE NUMBER / CONTACT E-MAIL ADDRESS <b>K. Long (907) 770-3700; regulatory_reporting@shell.com</b>					
7. RIG NAME OR PRIMARY UNIT (e.g., wireline unit, coil tubing unit, etc.) <b>TransOcean Polar Pioneer</b>					8. WATER DEPTH (surveyed) (ft) <b>144</b>		9. ELEVATION AT KB (Surveyed) (ft) <b>76</b>				
<b>10. CURRENT WELLBORE INFORMATION</b>											
<b>SURFACE</b>						<b>BOTTOM</b>					
LEASE NO.		AREA NAME		BLOCK NO.		LEASE NO.			BLOCK NO.		
OCS-Y 2321		<b>Posey</b>		<b>6912</b>		<b>OCS-Y 2321</b>			<b>6912</b>		
WELLBORE	START DATE	TD DATE	STATUS	END DATE	KOP (MD)	MD	TVD	MW PPG	LAST BOP TEST DATE	LAST BOP TEST PRESSURE	
											LOW
					<b>N/A</b>				<b>9/2/2015</b>	<b>250</b>	<b>5000</b>
<b>11. WELLBORE HISTORICAL INFORMATION</b>											
WELLBORE	BOTTOM LEASE	START DATE	TD DATE	PA DATE	FINAL MD	FINAL TVD					
	<b>OCS-Y 2321</b>										

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12. CASING / LINER / TUBING RECORD									
TUBULAR TYPE	HOLE SIZE (IN)	SIZE (IN)	WEIGHT (#/ft)	GRADE	TEST PRESSURE (psi)	SHOE TEST (EMW)	SETTING DEPTH (MD)		CEMENT QUANTITY (cubic ft.)
							TOP	BOTTOM	

13. WELL ACTIVITY SUMMARY
<p align="center">Provide a daily summary of well activities.</p>

14. Open Hole Log Data
<p>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:</p> <p><input type="checkbox"/> <b>None</b> of the following have occurred:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Wireline logs (Report when acquired)</li> <li><input type="checkbox"/> Wireline Directionals (Report when acquired)</li> <li><input type="checkbox"/> Velocity Surveys, VSP's, Conventional Cores, Rotary and Percussion Sidewall Cores (Report when acquired)</li> <li><input type="checkbox"/> Completed MWD/LWD logs and Mudlogs - (Report when they are completed.)</li> <li><input type="checkbox"/> PVT, Paleontological and Geochemical Samples acquired for analysis (Report at completion of Borehole)</li> </ul> <p><input type="checkbox"/> <b>Any</b> of the above have occurred; if checked then submit Form BSEE-0133S.</p>

15. Significant Well Events												
<p>Please check as many events from the list below:</p> <table border="0"> <tr> <td><input type="checkbox"/> Kick Occurrence</td> <td><input type="checkbox"/> Well Control Equipment Failure</td> </tr> <tr> <td><input type="checkbox"/> Shallow Water Flow</td> <td><input type="checkbox"/> H<sub>2</sub>S Encounter</td> </tr> <tr> <td><input type="checkbox"/> Weather and Oceanographic Conditions</td> <td><input type="checkbox"/> New Technology Failure</td> </tr> <tr> <td><input type="checkbox"/> General Rig Equipment Failure</td> <td><input type="checkbox"/> Stuck Pipe</td> </tr> <tr> <td><input type="checkbox"/> Lost Returns</td> <td><input type="checkbox"/> Wellbore Integrity Failure</td> </tr> <tr> <td><input type="checkbox"/> Station Keeping Failure</td> <td><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Kick Occurrence	<input type="checkbox"/> Well Control Equipment Failure	<input type="checkbox"/> Shallow Water Flow	<input type="checkbox"/> H <sub>2</sub> S Encounter	<input type="checkbox"/> Weather and Oceanographic Conditions	<input type="checkbox"/> New Technology Failure	<input type="checkbox"/> General Rig Equipment Failure	<input type="checkbox"/> Stuck Pipe	<input type="checkbox"/> Lost Returns	<input type="checkbox"/> Wellbore Integrity Failure	<input type="checkbox"/> Station Keeping Failure	<input type="checkbox"/> Other
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Please provide narrative information with regards to any significant events. Provide attachments, if necessary.

**PUBLIC INFORMATION**

**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 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.